2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000008312

E-MAN CREATIONS, INC.

Principal Place of Business PO BOX 272741 **BOCA RATON FL 33427**

Mailing Address

PO BOX 272741

BOCA RATON FL 33427



2.75	S VW LOTH AV.				+			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Pembro	oke Pines, Fl	City & State	State		4. FEI Number Applied For Not Applicable			
3302	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Ad Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GARDELLA, JEAN name change 275 NW 107TH AVE. to Yzer				Name Street Address (P.O. Box Number is Not Acceptable)				
PEMBROKE PINES FL 33026 indicated below in 1			<u> </u>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW: 9. Election Campaign Fin FEE IS \$61.25 Trust Fund Contribution			~	\$5.00 May Be Added to Fees	Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS 1				ADDITIONS/CF	IANGES TO OFFICERS AND DI	RECTORS IN	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Directo 275 VU Pembroke	Pines, Fl 330	. с	Addition ame_ hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**************************************	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Directo Robert 275 NW Pembrok	Gardella 107th Av.	Change	L Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Odalys 175 NW Pembroke		-⊡ Change	Z Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ng the	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: