

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002803

1. Entity Name

CREATING JOBS FOR LIFE WORLDWIDE, INC.

Principal Place of Business

343 ALMERIA AVE  
CORAL GABLES FL 33134

Mailing Address

343 ALMERIA AVE  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0589215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE, MAY  
4136 GULFSTREAM RD.  
LAKE WORTH FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	DSTD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MAY, GEORGE	4136 GULFSTREAM RD.	LAKE WORTH FL 33461							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	CARR, SHERRY	343 ALMERIA AVE	CORAL GABLES FL 33134							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	CARINI, LANI	821 BANYAN DR	WEST PALM BCH FL							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90086 047 \*\*\*\*61.25

111004



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)