## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900003747

Entity Name

## FILED Jan 25, 2000 8:00 am Secretary of State

FORCE-FACING OUR RISK OF CANCER EMPOWERED, INC.					Secretary of State 01-25-2000 90052 022 ****70.00			
Principal Place	e of Business	Mailing Address						
1338 NW 100TI CORAL SPRING		1338 NW 100TH AVE. CORAL SPRINGS FL 33071-6	527					
2. Principal Place of Business		3. Mailing Address University.						
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB#213			DO NOT WRITE IN TH	HIS SPACE		
City & State		Coral Spring	s, FL	4. FEI Nun	1ber 6927700		olied For	
Zip	Country	330 71	Country	5. Certifica	ate of Status Desired	\$8.75 Addi	tional	
	6. Name and Address of Current	<u> </u>		7. Name a	nd Address of New Register			
			Name					
CORPORATE CREATIONS ENTERPRISES INC		c.	Street A	Street Address (P.O. Box Number is Not A				
3	RTH ST., #200		,					
MIAWI DE	ACH FL 33139	د در سوده المحمد الم	City		, F	Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or	r registered agent, or I	both, in the state of Florida.	<del></del>		
					4.*			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if anningable (NOTE I	Registered Agent signat	ure required when reinstating)				
	Signature, typed or printed have or registered agent	The date is approached.	* *		· · · · · · · · · · · · · · · · · · ·	<u></u>		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.								
	OFFICERS AND DIF		11.		CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D) P   T FRIEDMAN, SUE 1338 NW 100TH AVE.	RECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 30 4		☐ Change		
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Fordia statutes. 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE PUCLIMED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/00

(954) 752-9678

Daytime Phone #