

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90006 040 \*\*\*\*79.90

(LA)

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**DOCUMENT # N 99000007067**  
 1. Entity Name  
**CREAR INSTITUTE O.N.G. CORP.**

Principal Place of Business Mailing Address  
**782 NW - 42 Av.**  
**SUITE 638**  
**MIAMI - FL - 33126**

2. Principal Place of Business 3. Mailing Address  
**6225 SW-129 Place**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**UNIT. 2102**

City & State City & State  
**MIAMI - FLORIDA**

Zip Country Zip Country  
**33183 USA**

4. FEI Number Applied For  
**65-1029655** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Mazza - Martinez & Assoc.**

7. Name and Address of New Registered Agent  
 Name **VALVERDE, Laura Liliana**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6225 SW. - 129 PL - Unit. 2102**  
 City **MIAMI** FL Zip Code **33183**

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 **LAURA L. VALVERDE** 07-15-01  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T</b> <input type="checkbox"/> Delete <b>LAURA LILIANA VALVERDE</b> <b>6225 SW-129 PLACE UNIT. 2102</b> <b>MIAMI - FLORIDA - 33183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <input type="checkbox"/> Delete <b>LUIS MIGUEL CARRETERO</b> <b>6225 SW-129 PL. - UNIT. 2102</b> <b>MIAMI - FLORIDA - 33183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VICTOR HUGO MORALES</b> <b>344 NW- 46 ST.</b> <b>MIAMI - FLORIDA - 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROSE M. ZUFFI</b> <b>600 NE - 36 ST. - SUITE 810</b> <b>MIAMI - FLORIDA -</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KARLA MARTINEZ</b> <b>13953 SW-66 ST. - AP. 206-B</b> <b>MIAMI - FLORIDA - 33183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: **LAURA L. VALVERDE** 07-16-01 303-383 7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)