

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003662

1. Entity Name
UNICORN CREATIONS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90089 010 ***150.00

Principal Place of Business
1275 S.W. 46TH AVENUE
#711
POMPANO BEACH FL 33069

Mailing Address
1275 S.W. 46TH AVENUE
#711
POMPANO BEACH FL 33069

2. Principal Place of Business
6510 SW 16TH COURT
Suite, Apt. #, etc.

3. Mailing Address
6510 SW 16TH COURT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL
Zip
33068
Country
US

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POMPANO BEACH, FL
Zip
33068
Country
US

4. FEI Number
65-0976763

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERTO A JR.
1275 S.W. 46TH AVENUE
#711
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
ROBERTO A. RODRIGUEZ JR.
Street Address (P.O. Box Number is Not Acceptable)
6510 SW 16TH COURT
City
POMPANO BEACH FL Zip Code
33068

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 Roberto Rodriguez ROBERTO RODRIGUEZ 01-04-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ROBERTO A JR. 1275 S.W. 46TH AVENUE POMPANO BEACH FL 33069	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ROBERTO A. JR. 6510 SW 16TH COURT POMPANO BEACH, FL 33068	<input checked="" 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
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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Rodriguez ROBERTO RODRIGUEZ 01-04-01 (954) 772-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0493076

CR2E034 (10/00)