

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
 01-31-2001 90308 004 \*\*\*163.75

**DOCUMENT # P00000014218**

1. Entity Name  
**CREATIVE CONCEPTS PLUS, INC.**

Principal Place of Business

~~15555 OLD CUTLER ROAD~~  
**MIAMI FL 33157**

Mailing Address

~~15555 OLD CUTLER ROAD~~  
**MIAMI FL 33157**

*New Address*

2. Principal Place of Business

**5401 Collins Ave**  
 Suite CU #9B

3. Mailing Address

**Same**

City & State

**Miami Beach, Florida**

City & State

**Same**

Zip

**33140**

Country

Zip

**Same**

4. FEI Number

**65-0981271**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TROCHE, NADYA E**  
**15555 OLD CUTLER ROAD**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **Nadya E. Troche**  
 Street Address (P.O. Box Number is Not Acceptable) **5401 Collins Ave PH #3**  
**Miami Beach Florida**  
 City **FL** Zip Code **33140**

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 *Nadya Troche*

**01-23-01**

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 ☐ Delete  
 NAME **PSD TROCHE, NADYA E**  
 STREET ADDRESS **5401 Collins Ave**  
 CITY-ST-ZIP **PH3 Miami Beach FL 33140**

TITLE ☒ Delete  
 NAME **VD HIDALGO, SUZANNE**  
 STREET ADDRESS **15555 OLD CUTLER ROAD**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Nadya Troche* **NADYA E TROCHE**

**01-23-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)