

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000018458**1. Entity Name
CREATIVE PATIOS, INC.

Principal Place of Business 720 NORTHEAST 1 STREET #1 POMPANO BEACH FL 33060	Mailing Address 720 NORTHEAST 1 STREET #1 POMPANO BEACH FL 33060
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2. Principal Place of Business 560 SE 23RD AVE.	3. Mailing Address 560 SE 23RD AVE.
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Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
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City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
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Zip 33062	Country	Zip 33062	Country
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4. FEI Number 65-0982698	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134 US

FL

7. Name and Address of New Registered Agent

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 _____ **02/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRIANNI CLEBER 720 NORTHEAST 1 STREET #1 POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIRIANNI CYNTHIA 720 NORTHEAST 1 STREET #1 POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIRIANNI CLEBER 560 SE 23RD AVE. #1 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIRIANNI CYNTHIA 560 SE 23RD AVE. #1 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Cynthia Sirianni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Psdt 02/27/2001

Date

Daytime Phone #

CR2E034 (11/00)