

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90740 021 \*\*\*158.75

DOCUMENT # P00000023739

1. Entity Name

THE CENTER FOR CREATIVE EXPRESSION AND HUMAN DEVELOPMENT, INC.



Principal Place of Business

2801 UNIVERSITY DRIVE

SUITE 205

CORAL SPRINGS FL 33065

*Changed*

Mailing Address

401 CLANCEY CIRCLE

MARGATE FL 33068-1532

70026280



2. Principal Place of Business

1515 University Drive

3. Mailing Address

SAME

Suite, Apt. #, etc.

106A

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33071

Country

USA

Zip

Country

4. FEI Number

65-1074600

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KEMP, AMELIA B

401 CLANCEY CIRCLE

MARGATE FL 33068-1532

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Amelia B. Kemp, President*

1-11-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KEMP, AMELIA B	
STREET ADDRESS	401 CLANCEY CIRCLE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEMP, SR., LAMARR D	
STREET ADDRESS	401 CLANCEY CIRCLE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 empowered.

SIGNATURE:

*Amelia B. Kemp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-03

Date

Daytime Phone #

954-216-6701

CR2E034 (10/02)