

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90124 009 ***550.00

DOCUMENT # P00000024091

1. Entity Name
CREATIVE DESIGN CENTRAL, INC.

Principal Place of Business

**200 EAST ACRE DR.
 PLANTATION FL 33317**

Mailing Address

**200 EAST ACRE DR.
 PLANTATION FL 33317**

2. Principal Place of Business

6761 W. Sunrise Blvd.

3. Mailing Address

same as 2.

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number 65-0987006

Applied For

Not Applicable

Zip 33311

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**CROSTA, JAMES V
 200 EAST ACRE DR.
 PLANTATION FL 33317**

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 James V. Crosta

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

(NOTE: Registered Agent signature required when reinstating)

September 3, 2002

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 PD
NAME CROSTA, JAMES V
STREET ADDRESS 200 EAST ACRE DR.
CITY-ST-ZIP PLANTATION FL 33317

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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: James V. Crosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 3, 2002 (954) 584-8996

Date

Daytime Phone #

CR2E034 (4/02)