2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2001 08:00 AM DOCUMENT # P0000026561 1. Entity Name **Secretary of State** CREATIVE CARD SERVICES, INC. Principal Place of Business Mailing Address 444 BRICKELL AVE., SUITE 309 444 BRICKELL AVE., SUITE 309 MIAMI FL FL MIAMI 33131 33131 2. Principal Place of Business 3. Mailing Address 444 BRICKELL AVE 444 BRICKELL AVE.. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 309 SHITE 309 City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI 65-0990896 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLAY DESIGNS CORP. 10065 N.W. 46TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33178 US 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. RAUL ACOSTA 02/01/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE 10 \$100.00________After MAY 1, 2001 Fee will be \$550.00._____ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME NAME VILLASMIL ALBERTO STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE., SUITE 309 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change X Addition NAME NAME CHUMACEIRO LUIS STREET ADDRESS STREET ADDRESS 444 BRICKELL AVE., SUITE 309 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL33131 ☐ Delete TITLE X Change ☐ Addition ACOSTA NAME ACOSTA RAUL STREET ADDRESS 444 BRICKELL AVE., SUITE 309 STREET ADDRESS 444 BRICKELL AVE., SUITE 309 CITY-ST-ZIP MIAMI 33131 CITY-ST-ZIP МІАМІ FL. 33131 ☐ Delete TITLE VΡ **X** Change Addition VILLASMIL CARLOS NAME VII.LASMII. CARLOS STREET ADDRESS 444 BRICKELL AVE., SUITE 309 STREET ADDRESS 444 BRICKELL AVE., SUITE 309 CITY-ST-ZIP 33131 CITY-ST-ZIP МІАМІ 33131 FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

02/01/2001

Daytime Phone #

Date

RAUL ACOSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _