

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90207 014 ***150.00

DOCUMENT # *P00000043567*

1. Entity Name

R Creations, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

931 S.R. 434 North

3. Mailing Address

931 S.R. 434 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1225

Suite 1225

City & State

City & State

Altamonte Springs, FL

Altamonte Springs FL

Zip

Country

Zip

Country

32714

USA

32714

USA

4. FEI Number

59-3572650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President*
NAME *Gonzalez, Dolores M.*
STREET ADDRESS *656 Glades Circle #228*
CITY-ST-ZIP *Altamonte Springs, FL 32714*

TITLE *Vice-President*
NAME *Ortiz, Michelle D.*
STREET ADDRESS *2554 Lancaster Ct.*
CITY-ST-ZIP *Apopka, FL 32703*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03

Date

407-86-5610

Daytime Phone #

CR2E034B (12/02)