

**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*

DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3572650*

Applied For

Not Applicable

Zip

Country

Zip

Country

*32714*

*USA*

*32714*

*USA*

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 \_\_\_\_\_ (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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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

*407-786-5610*  
Daytime Phone #

CR2E034B (12/02)