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

Mailing Address

## P00000048259 DOCUMENT #

1. Entity Name

Principal Place of Business

CREATIVE FINANCIAL CONCEPTS, INC.

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## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90137 035 \*\*\*150.00

SUITE 221			SUITE 221							
CORAL GAB	CORAL GABLES FL 33146		CORAL GABLES FL 33146				-1 (68)(68) (3) 693() 98() 88() 68() 199() 48()		<b></b>	
			OUTHE CABLES TE 33140							
2. Principal Place of Business		3. Mailin	3. Mailing Address				L CHAINMAN LEIL OBTHE BALLE BREIT BEITH BEITH BRITH BOTHE THOUGH THE TANK TO LOND THE			
Suite, Ap	et. #, etc.	Suite.	Suite, Apt. #, etc.							
			Gallo, Tiple II, Glo.				☐ CHECK HERE IF MAKING CHANGES			
City & St	ate	City &	City & State			4. 1	4. FEI Number 65-1015942 Applied For			
Zip	Country	Zip	7im O				00-1010942		Not Applicable	
			ip Country			5. 0	Certificate of Status Desired	<b>\$8.75</b> A Fee Requi		
	6. Name and Address of Cur	rent Registered	Agent			7. 1	Name and Address of New Registere			
MADIEV	DAMD A CD				Name					
1	David a Sr. Iera ave.		Street Addre			ess (P.O. B	ss (P.O. Box Number is Not Acceptable)			
1	VERA AVE. VABLES FL 33146					-				
OOME	MULEO FL 33 140									
į					City		F	Zip Co	de	
8. The abov	e named entity submits this stateme	nt for the purpose	of changing its	registere	ed office or regi	istered age	ent, or both, in the State of Florida. I ar	n familiar with	and accept	
l ine obliga	ations of registered agent.								,	
SIGNATURE	Signature, typed or printed name of registered a					<u>-</u>				
		igent and title if applical	NOT .	E: Registered	Agent signature rec	quired when rei	instating) DATE			
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Financing \$5.00 May Be			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								□ Adde	UU May Be ed to Fees	
10.		ND DIRECTORS		11.	<del></del>	ADI	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	DC IN: 11	
TITLE	D	····	☐ Delete	TITLE	·	7.13.	STRONO OF ANALES TO OFFICE HOAR	Change	Addition	
NAME STREET ADDRESS	MARLEY, DAVID A SR.		N/				_ •			
CITY-ST-ZIP	7940 SW 172 TER  MIAMI FL 33157				T ADDRESS ST-ZIP					
TITLE	D		☐ Delete	TITLE	51-ZIP					
NAME	MARLEY, DAVID A JR.		□ Delete	NAME				☐ Change	☐ Addition	
STREET ADDRESS	15730 SW 86 AVE			STREE	T ADDRESS					
CITY-ST-ZiP	MIAMI FL 33157			CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS				NAME						
CITY-ST-ZIP				STREE CITY-S	T ADORESS					
TITLE			☐ Delete	_	7(-2)				_ <u>_</u>	
NAME			□ Delete	NAME				∐ Change	☐ Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	ST-ZIP					
TITLE			☐ Delete	TITLE		•		☐ Change	Addition	
NAME STREET ADDRESS				NAME					_	
CITY-ST-ZIP				STREET CITY-S	ADDRESS				j	
TITLE	·		☐ Delete		1-4IF -	· .	·			
NAME	· 4 1 5 46 2 200 3		□ Delete	TITLE NAME:	e 4 × 4	कर दशका	ta sta g	☐ Change	☐ Addition	
STREET ADDRESS					ADORESS					
CITY-ST-7IP	. 1967 1 1 16 16 1			<b>.</b>	ı					

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 suppliemental 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 truthee empowered to execute this eport 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 error diversed.

SIGNATURE:

305-663-4545