

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90005 015 ***150.00

DOCUMENT # P00000050384

1. Entity Name
CREATIVE SPIN, INC.

Principal Place of Business Mailing Address
9737 NW 41 STREET #444 **9737 NW 41 STREET #444**
MIAMI FL 33178 **MIAMI FL 33178**

2. Principal Place of Business 3. Mailing Address
2410 Brickell Ave **2410 Brickell Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
307C **307C**
 City & State City & State
Miami **Miami**
 Zip Country Zip Country
33129 **USA** **33129** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **651012022** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MALDONADO, CARLOS
9737 NW 41 STREET #444
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name **Carlos Maldonado**
 Street Address (P.O. Box Number is Not Acceptable)
2410 Brickell Ave #307C
 City **Miami** **FL** Zip Code **33129**

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.

SIGNATURE *Carlos Maldonado*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	MALDONADO, CARLOS	9737 NW 41 STREET #444	MIAMI FL 33178	<input type="checkbox"/>
		2410 Brickell Ave #307C	Miami FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Carlos Maldonado*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/01 **305 8592151**
 Date Daytime Phone #

CR2E034 (10/00)