

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90328 011 ***150.00

0198663 AV

DOCUMENT # P00000050384

1. Entity Name
CREATIVE SPIN, INC.

Principal Place of Business

2410 BRICKELL AVENUE
307C
MIAMI FL 33129

Mailing Address

2410 BRICKELL AVENUE
307C
MIAMI FL 33129

2. Principal Place of Business

7370 NW 36 ST

3. Mailing Address

7370 NW 36 ST

Suite, Apt. #, etc.

SUITE 100-D

Suite, Apt. #, etc.

SUITE 100-D

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI DAGE

Zip

33166

Country

MIAMI DAGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1012022

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MALDONADO, CARLOS
2410 BRICKELL AVE
307C
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name
LUCIA BERNAL
Street Address (P.O. Box Number is Not Acceptable)
7370 NW 36 ST
SUITE 100-D
City
MIAMI FL
Zip Code
33166

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

(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!!! FEE IS \$150.00
After May 1, 2002 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
DP
MALDONADO, CARLOS
2410 BRICKELL AVE #307C
MIAMI FL 33129 ☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LUCIA BERNAL
7370 NW 36 ST SUITE 100-D
MIAMI FL 33166 ☐ **Change** ☒ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)