

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000056879**1. Entity Name
CREATIVE LAND DEVELOPMENT SERVICES, INC.

Principal Place of Business

3903 SHERIDAN STREET

HOLLYWOOD

33021

FL

Mailing Address

3903 SHERIDAN STREET

HOLLYWOOD

33021

FL

2. Principal Place of Business

2125 BISCAYNE BOULEVARD

3. Mailing Address

2125 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

SUITE 410

Suite, Apt. #, etc.

SUITE 410

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33137

Country

Zip

33137

Country

4. FEI Number

65-1017901

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAZZINO TABITHA G
3903 SHERIDAN STREET

HOLLYWOOD

33021

FL

7. Name and Address of New Registered Agent

Name

WILBUR KATHRYN A

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

2125 BISCAYNE BOULEVARD

SUITE 410

City

MIAMI

FL

Zip Code

33137

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 **KATHRYN A. WILBUR****01/19/2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAZZINO TABITHA GMS.	
STREET ADDRESS	2125 BISCAYNE BOULEVARD, SUITE 410	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	CDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILBUR KATHRYN ADR.	
STREET ADDRESS	2125 BISCAYNE BOULEVARD, SUITE 410	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Kathryn A. Wilbur**

C

01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)