

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 021 ***150.00

DOCUMENT # P00000062334

1. Entity Name

CREATIVE SOLUTIONS, U.S.A., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6261 POMPANO ST.

3. Mailing Address

4521 PGA BLVD
319

City & State

JUPITER FL

City & State

PALM BCH Gdns

Zip

33458

Country

US

Zip

33418

Country

US

4. FEI Number

65-1024x40

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

B. MERMAN

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

4521 PGA BLVD #319

City

PALM BCH Gdns

FL

Zip Code

33418

**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.

SIGNATURE

B. H. MERMAN

B. H. MERMAN

4-30-02

(Signature, typed or printed name of registered agent, or both, 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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>CAROL P. MERMAN - P</u> <u>4521 PGA BLVD #319</u> <u>PALM BCH Gdns FL 33418</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP, S</u> <u>BARRY H. MERMAN</u> <u>4521 PGA BLVD #319</u> <u>PALM BCH Gdns, FL 33418</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CORY L. MERMAN</u> <u>4521 PGA BLVD #319</u> <u>PALM BCH Gdns FL 33418</u>
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IN THIS SPACE**

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 on an attachment with an address, without other like empowered.

SIGNATURE:

B. H. MERMAN

4-30-02

561-622-2462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)