

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90310 018 ***150.00

DOCUMENT # P000000625811. Entity Name
CREATIVE TOOLS, INC.Principal Place of Business
2901 S BIAYSHORE DR. STE 6-G
MIAMI FL 33133Mailing Address
2901 S BIAYSHORE DR. STE 6-G
MIAMI FL 33133

140000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2901 S. Bayshore Dr

3. Mailing Address

2901 SBAYShore Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6-G**6-G**

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-102 1664

Applied For

Not Applicable

Zip
3313

Country

MIAMI DADEZip
33133

Country

MIAMI-DADE5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONES, LILIANA
2901 S BIAYSHORE DR, STE 6-G
MIAMI FL 33133

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/20019. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DONES, LILIANA**
STREET ADDRESS **2901 S BIAYSHORE DR, STE 6-G**
CITY-ST-ZIP **MIAMI FL 33133**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liliana Dones

Date

4/17/2001

Daytime Phone #

3054451711

CR2E034 (10/00)