## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2001 8:00 am<sup>5</sup> Secretary of State DOCUMENT # P0000065078 05-30-2001 90224 031 \*\*\*150.00 MIRTA'S CREATIONS, INC. Principal Place of Business Mailing Address 11272 SW 4TH ST 11272 SW 4TH ST MIAM! FL 33174 A0072370 **MIAMI FL 33174** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-102 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIRTA CERUANTES TRIBUGH, KENNETH H-ESQ\_ Street Address (P.O. Box Number is Not Acceptable) 2100 CORAL-WAY, STE-403 MIAMI-FL 33145----City 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. (NOT Registered Agent signature required when reinstating) FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE Change CERVANTES, MIRTA NAME STREET ADDRESS STREET ADDRESS 11272 SW 4TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** ☐ Delete TITLE ☐ Change ☐ Addition NAME CERVANTES, SERGIO NAME STREET ADDRESS 11272 SW 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 fitte ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 mill 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 is 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:

DIRECTOR

Daytime Phone #

FILED