

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075396

1. Entity Name

FAITH CREATIVE DESIGNS, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90114 009 \*\*\*150.00

Principal Place of Business

1830A N. UNIVERSITY DRIVE  
PLANTATION FL 33322

Mailing Address

1830A N. UNIVERSITY DRIVE  
PLANTATION FL 33322

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

1830-A N. University DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION FL.

4. FEI Number

65-1032347

Applied For

Not Applicable

Zip

Country

Zip

Country

33322

BROWARD

5. 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

WEISSMAN, HAROLD ESQ.  
1776 PINE ISLAND ROAD  
SUITE 118  
PLANTATION FL 33322

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILSON, VALERIE  
CITY-ST-ZIP 1830A N. UNIVERSITY DRIVE  
PLANTATION FL 33322

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PROPHET, ROWENA  
CITY-ST-ZIP 1830A N. UNIVERSITY DRIVE  
PLANTATION FL 33322

TITLE ☒ Change ☐ Addition  
NAME PROPHETE, ROWENA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS SNELLIE, MARJORIE  
CITY-ST-ZIP 1830A N. UNIVERSITY DRIVE  
PLANTATION FL 33322

TITLE ☒ Change ☐ Addition  
NAME SMELLIE, MARGORIE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

4/19/01 [954] 424-8660

Date

Daytime Phone #

CR2E034 (10/00)