

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90020 012 ***150.00

0162630

DOCUMENT # P00000075955

1. Entity Name
CREATIVE EDGE, INC.

Principal Place of Business

**709 MINORCA AVE.
 MIAMI FL 33134**

Mailing Address

**709 MINORCA AVE.
 MIAMI FL 33134**

2. Principal Place of Business

7152 SW 66 ST
 Suite, Apt. #, etc.

3. Mailing Address

7152 SW 66 ST
 Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33143

Country

MIAMI-DADE

Zip

33143

Country

MIAMI-DADE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANSEN, KARL
 709 MINORCA AVE.
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **WILLIAM L. ADAMS**

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

7152 SW 66 ST

City

MIAMI

FL

Zip Code

33143

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

WILLIAM L. ADAMS (NEW R. AGENT)
~~KARL HANSEN PVST~~ **03/12/01**

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 **PVST** ☒ Delete
 NAME **HANSEN, KARL**
 STREET ADDRESS **709 MINORCA AVE.**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☒ Delete
 NAME **HANSEN, KARL**
 STREET ADDRESS **709 MINORCA AVE.**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☐ Change ☒ Addition
 NAME **WILLIAM L ADAMS**
 STREET ADDRESS **7152 SW 66 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D/V** ☐ Change ☒ Addition
 NAME **GARY MARCUS**
 STREET ADDRESS **7516 SW 104 PL**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **ST** ☐ Change ☒ Addition
 NAME **ELAINE D. PETERSEN**
 STREET ADDRESS **7152 SW 66 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Change ☒ Addition
 NAME **WILLIAM L ADAMS**
 STREET ADDRESS **7152 SW 66 ST**
 CITY-ST-ZIP **MIAMI FL 33143** **(SEE ABOVE)**

TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

KARL HANSEN **03/12/01** **305 445-6497**
WILLIAM L. ADAMS (NEW R. AGENT)

CR2E034 (10/00)