

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000080211**1. Entity Name
CREATIVE MULTIMEDIA CORPORATION**Principal Place of Business**

400 N. ANDREWS AVE., #109

FT. LAUDERDALE
33301

FL

Mailing Address

400 N. ANDREWS AVE., #109

FT. LAUDERDALE
33301

FL

2. Principal Place of Business

1869 NE 15TH AVE

3. Mailing Address

1869 NE 15TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

FL

City & State

FT. LAUDERDALE

FL

Zip

33305

Country**Zip**

33305

Country**4. FEI Number****65-1043839****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****FLUGEL RODOLFO**
400 N. ANDREWS AVE., #109FT. LAUDERDALE
33301

FL

7. Name and Address of New Registered Agent**Name****FLUGEL RODOLFO****Street Address (P.O. Box Number is Not Acceptable)****1869 NE 15TH AVE****City****FT. LAUDERDALE****FL****Zip Code****33305**

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 **RODOLFO FLUGEL****05/06/2001**

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	FLUGEL RODOLFO	
STREET ADDRESS	400 N. ANDREWS AVE., #109	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LERNER KEVIN	
STREET ADDRESS	400 N. ANDREWS AVE., #109	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUGEL RODOLFO	
STREET ADDRESS	1869 NE 15TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER KEVIN	
STREET ADDRESS	1869 NE 15TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Rodolfo Flugel

VP

05/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)