

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91489 039 \*\*\*150.00

**DOCUMENT # P00000096195**

1. Entity Name

**CREATIVE STRATEGIES GROUP, INC.**

Principal Place of Business

**5881 NW 151 ST. SUITE 102  
 MIAMI LAKES FL 33015**

Mailing Address

**5881 NW 151 ST. SUITE 102  
 MIAMI LAKES FL 33015**

**848660**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1047694**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~DELETED~~  
**LOPEZ, DANIEL**

**17730 NW 67 AVE. #516**

**MIAMI FL 33015**

Name

**JUAN CARLOS SANTANA**

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

**1455 NE 142nd St**

City

**Miami**

**FL**

Zip Code **33161**

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.

**JUAN CARLOS SANTANA**

(NOTE: Registered Agent signature required when reinstating)

**03/30/02**  
 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, 2002 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 **PD** ☐ Delete  
 NAME **SANTANA, JUAN CARLOS**  
 STREET ADDRESS **1455 NE 142ND ST.**  
 CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **VPD** ☒ Delete  
 NAME **LOPEZ, DANIEL**  
 STREET ADDRESS **17730 NW 67TH AVE. #516**  
 CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SANTANA, JUAN CARLOS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/30/02**  
 Day

**(305) 827-0411**  
 Daytime Phone #

CR2E034 (9/01)