

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90135 023 \*\*\*150.00

0201138 AV

**DOCUMENT # P00000098955**

1. Entity Name  
**URBAN CREATIVE CORP.**



Principal Place of Business  
**1600 RIVERWOOD LANE  
CORAL SPRINGS FL 33071**

Mailing Address  
**1600 RIVERWOOD LANE  
CORAL SPRINGS FL 33071**



2. Principal Place of Business  
**934 University Drive**

3. Mailing Address  
**934 University Drive**

Suite, Apt. #, etc.  
**#429**

Suite, Apt. #, etc.  
**#429**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Coral Springs, FL**

City & State  
**Coral Springs, FL**

4. FEI Number **65-1049146**

Applied For  
Not Applicable

Zip  
**33071**

Country  
**Broward**

Zip  
**33071**

Country  
**Broward**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PICK, MAXIMILLION  
1600 RIVERWOOD LANE  
CORAL SPRINGS FL 33071**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**934 University Drive #429**

City **Coral Springs,** **FL** Zip Code **33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE\* **PD** ☐ Delete  
NAME **PICK, MAXIMILLION**  
STREET ADDRESS **1600 RIVERWOOD LANE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition  
NAME **934 University Drive #429**  
STREET ADDRESS **Coral Springs, FL 33071**  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **CUSINE, IRIS**  
STREET ADDRESS **1600 RIVERWOOD LANE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **STD** ☐ Delete  
NAME **KLEIGL, KAREN**  
STREET ADDRESS **1600 RIVERWOOD LANE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition  
NAME **934 University Drive #429**  
STREET ADDRESS **Coral Springs, FL 33071**  
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Kliegl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/13/03

Daytime Phone #

CR2E034 (10/02)