

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90146 005 ***150.00

DOCUMENT # P00000115496

1. Entity Name
CREATIVE HOME SOLUTIONS, INC.



Principal Place of Business
1749 EAST HALLANDALE BEACH BOULEVARD
#370
HALLANDALE FL 33009

Mailing Address
1749 EAST HALLANDALE BEACH BOULEVARD
#370
HALLANDALE FL 33009



2. Principal Place of Business
1835 E. Hallandale Blvd
Suite, Apt. #, etc.
370

3. Mailing Address
1835 E. Hallandale Blvd
Suite, Apt. #, etc.
370

City & State
Hallandale FL
Zip
33009

City & State
Hallandale
Zip
33009

Country

4. FEI Number **65-1063078**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **GARCERANT, JAVIER**
STREET ADDRESS **1749 EAST HALLANDALE BEACH BOULEVARD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ **Delete**
NAME **GARCERANT, CLAUDIA**
STREET ADDRESS **1749 EAST HALLANDALE BEACH BOULEVARD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

Daytime Phone #

CR2E034 (10/02)