

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

FILED

02 NOV -7 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000001581**
1. Entity Name
Willow CREEK INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Place of Business 90 MARKHAM | | 3. Mailing Address 1620 So. Ocean Blvd | |
| Suite, Apt. #, etc. Bld E | | Suite, Apt. #, etc. SF | |
| City & State Deerfield Beach FL | | City & State Pompano Beach FL | |
| Zip 33442 | Country USA | Zip 33062 | Country USA |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|--|
| 4. FEI Number 65-1136539 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **SPiegel & UTRERA P.A.**
Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVE
City **CORAL Gables** FL Zip Code **33134**

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 _____ DATE **9/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY-ST-ZIP | PIVITIDIS Joseph A MOUTI 1620 So Ocean Blvd SF Pompano Beach FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900003863759 11/07/02--01037--004 **150.00 |
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| TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **9/12/02** DAYTIME PHONE # **N/A**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)



11/1/02

To whom it may concern,
I am sending this
check in the amount of
\$150 for my brother
Joseph Monti. He is
presently incarcerated at
Okcchabee Correctional Institution
and never received his
Corp Renewal forms. I am
sending this check so when he
is released he can resume
a productive life. Please
send all paperwork regarding
Willow Creek Inc to myself
Barbara Varvara
192 Throop St N. Babylon.
I am afraid it will

CUSTOMER SERVICE AND INFORMATION:

CHICAGO
(312) 686-4922

LOS ANGELES
(213) 337-7416

NEW YORK
(718) 392-2711