

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

FILED

DOCUMENT # *PO1000001581*

1. Entity Name

Willow CREEK INC.

02 NOV -7 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-1136539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

9/12/02

DATE

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 \$61.25

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
	<i>P/VIT/D/IS</i>		
	<i>Joseph A MOUTI</i>		
	<i>1620 So Ocean Blvd SF</i>		
	<i>Pompano Beach FL 33062</i>		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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

**DO NOT WRITE
IN THIS SPACE**

Acis

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02

Date

N/A

Daytime Phone #

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
Okeechobee 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