

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90722 006 ***150.00

DOCUMENT # P01000002232

1. Entity Name
CLAUDIA'S CREATIONS, INC.



Principal Place of Business
**351 LAKE CREST COURT
WESTON FL 33326**

Mailing Address
**351 LAKE CREST COURT
WESTON FL 33326**

2. Principal Place of Business

216 E. Bayridge Dr.

3. Mailing Address

216 E. Bayridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston

City & State

Weston

Zip

FL

Country

33326

Zip

FL

Country

33326

4. FEI Number

65-1064274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHNELL, CLAUDIA
351 LAKE CREST COURT
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name

Schnell, Claudia

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

216 E. Bayridge Dr.

City

Weston

FL

Zip Code

33326

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

4/9/03

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

TITLE **P** ☐ Delete
NAME **SCHNELL, CLAUDIA**
STREET ADDRESS **351 LAKE CREST COURT**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **T** ☐ Delete
NAME **SERRANO, WILLIAM**
STREET ADDRESS **351 LAKE CREST CT.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03

954-384-0095

CR2E034 (10/02)