

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.

CHECK HERE IF MAKING CHANGES

City & State
Weston

City & State
Weston

4. FEI Number **65-1064274**

Applied For
 Not Applicable

Zip **FL** Country **33326**

Zip **FL** Country **33326**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	SCHNELL, CLAUDIA
STREET ADDRESS	351 LAKE CREST COURT
CITY-ST-ZIP	WESTON FL 33326
TITLE	T <input type="checkbox"/> Delete
NAME	SERRANO, WILLIAM
STREET ADDRESS	351 LAKE CREST CT.
CITY-ST-ZIP	WESTON FL 33326
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/9/03**

Daytime Phone # **054-384-0095**

CR2E034 (10/02)