

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-23-2002 90010 009 ***158.75

DOCUMENT # P01000016768

1. Entity Name
CREOLE GROUP, INC.

Principal Place of Business
661 NE 195 ST #210
N MIAMI BEACH FL 33179

Mailing Address
661 NE 195 ST #210
N MIAMI BEACH FL 33179

96112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
441 NE 195 ST #304
 Suite, Apt. #, etc.

3. Mailing Address
525 NE 107 Street
 Suite, Apt. #, etc.

City & State
N. Miami Beach, FL
 Zip
33179
 Country
USA

City & State
Miami, FL
 Zip
33161
 Country
USA

4. FEI Number
651092990
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VIARD, EMILE
525 NE 195 ST
MIAMI FL 33023

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.

SIGNATURE _____ DATE _____
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
D VIARD, EMILE
525 NE 107 ST
MIAMI FL 33161 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ALCENA, FRANCE M
6930 SW 24TH ST
MIRAMAR FL 33023 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D SYLVESTRE, BETTY R
661 NE 195 ST
N MIAMI BEACH FL 33179 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **EMILE VIARD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

Daytime Phone #

CR2E034 (9/01)