

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 043 ***150.00

DOCUMENT # **PO1000016980** ✓
1. Entity Name
CreativePoint Communications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12717 West Sunrise Blvd		3. Mailing Address SAME	
Suite, Apt. #, etc. # 184		Suite, Apt. #, etc.	
City & State SUNRISE		City & State	
Zip FL 33323	Country U.S.A.	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **61-1411035** Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **E. Derald Smart, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
12717 West Sunrise Blvd
184
City **SUNRISE** **FL** Zip Code **33323**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 **President**
NAME **Maria E. Smart**
STREET ADDRESS **12717 West Sunrise Blvd, #184**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **Vice-President**
NAME **E. Derald Smart, Jr.**
STREET ADDRESS **12717 West Sunrise Blvd, #184**
CITY-ST-ZIP **SUNRISE, FL 33323**

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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

MES Maria E. Smart

04/17/02 (954) 473-5557

Date

Telephone Phone #

CR2E034B (12/01)