

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025681

1. Entity Name
CREATIVE ENERGY CORPORATION

Principal Place of Business

18342 SW 94TH CT.
MIAMI FL 33157

Mailing Address

18342 SW 94TH CT.
MIAMI FL 33157

2. Principal Place of Business

19100 SW 106 AVE

Suite, Apt. #, etc.

BAY # 28

3. Mailing Address

P.O. BOX 570453

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

City & State

MIAMI, FLORIDA

Zip

33257

Country

PERRINE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PJEIRA, CARLOS
18342 SW 94TH CT.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name PJEIRA, CARLOS

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

8770 SW 25. STREET

City

MIAMI

FL

Zip Code

33165

8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

CARLOS PJEIRA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-02

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 PVSTD ☐ Delete
NAME CARLOS PJEIRA
STREET ADDRESS 8770 SW 25 ST.
CITY-ST-ZIP MIAMI, FL 33165

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like and covered.

SIGNATURE:

SIGNATURE REQUIRED

4-24-02

305-559-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2054 (9/01)