

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91431 020 ***150.00

DOCUMENT # P01000025746

1. Entity Name
KREATIONS STUDIO, INC.

Principal Place of Business
202 FREEDOM CT.
DEERFIELD BCH FL 33442

Mailing Address
202 FREEDOM CT.
DEERFIELD BCH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2401 N.W. 16th Lane

3. Mailing Address
202 Freedom Ct.

Suite, Apt. #, etc.
Suite #5

Suite, Apt. #, etc.

City & State
Pompano Beach, FL.

City & State
Deerfield Beach, FL.

4. FEI Number
65-1091805 (EIN)

Applied For
☐ **Not Applicable**

Zip
33064

Country
USA

Zip
33442

Country
USA

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

RUSIN, KELLY
202 FREEDOM CT.
DEERFIELD BCH FL 33442

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 *Kelly Rusin*

DATE *3/18/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **RUSIN, KELLY**
STREET ADDRESS **202 FREEDOM CT.**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

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

TITLE **SD** ☐ **Delete**
NAME **RUSIN, KAREN**
STREET ADDRESS **202 FREEDOM CT.**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 empowered.

SIGNATURE: *Kelly Rusin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/18/02* **Daytime Phone #** *954-974-080*

CR2E034 (9/01)