

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90875 034 ***150.00

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

DOCUMENT # P01000052644

1. Entity Name

CREATIVE SENSE SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

662866

2. Principal Place of Business

16440 SW 71 TER.

Suite, Apt. #, etc.

3. Mailing Address

16440 SW 71 TER.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1155328

Applied For

Not Applicable

Zip
33193

Country
U.S.A.

Zip
33193

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CESAR E. BELO

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

16440 SW 71 TER.

City
MIAMI

FL

Zip Code
33193

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

CESAR E. BELO (D.)

4/25/02

(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) ☐

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	NAME	STREET ADDRESS	CITY-ST-ZIP
D.	CESAR E. BELO	16440 SW 71 TER.	MIAMI, FL 33193
D.	ZAYDA B. APARICIO	9402 SW 140 COURT	MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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

CESAR E. BELO

4/25/02 (305) 385-5816

Date

Daytime Phone #

CR2E0348 (12/01)