

2002

FLORIDA DEPARTMENT OF STATE

UNIFORM BUSINESS REPORT (UBR)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000055668

1. Corporation Name

Credentials Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 200 South Biscayne Blvd. Suite 330

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Miami FL

City & State

28

Zip

24 33131

County

25

Zip

29

County

30

9. Name and Address of Current Registered Agent

Corporate Creations Network Inc.
941 Fourth Street #200
Miami Beach, FL 33139

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

11/1/02

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
LINDSKOG, PER A Director ☐ DELETE
19522 BLACK OLIVE LANE
BOCA RATON FL 334981.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
HERNANDEZ, MARIA-Director ☐ DELETE
19522 BLACK OLIVE LANE
BOCA RATON FL 334982.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition
200008794762
11/05/02--01002--004 **150.00TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 43, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/02

Daytime Phone #

305-371-3700

FILED

02 NOV -4 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2002 UBR**

282

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Credentials Inc.

Enclosed are the following:

- \$160
1. Uniform Business Report for the company referenced above.
 2. check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,


Per A. Lindskog

Director

Date: 10/29/2002