

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90077 006 ***150.00

DOCUMENT # **P01000058260** ✓

1. Entity Name

CREATIONS BY DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

394 East 10th Court

Suite, Apt. #, etc.

3. Mailing Address

394 East 10th Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-1113090

Applied For

Not Applicable

Zip

33010

Country

U.S.

Zip

33010

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Guillermo Lopez

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

394 East 10th Court

City

Hialeah, FL

FL

Zip Code
33010

**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

(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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PTD	Guillermo Lopez	394 East 10th Court				
		Hialeah, FL	33010				
	SVD	JANIEL ARIAS	394 East 10th Court				
		Hialeah, FL	33010				
	D	Guillermo Lopez	394 East 10th Court				
		Hialeah, FL	33010				

**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)(j), 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

Date

Daytime Phone #

CR2E034B (12/01)

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7. Name and Address of Current Registered Agent

Name: Guillermo Lopez

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

394 East 10th Court

City Hialeah, FL

FL

Zip Code 33010

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 required for all entities except sole proprietorships)

(NOTE: Registered Agent signature required when filing UBR)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

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Make Check Payable to Department of State

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11. OFFICERS AND DIRECTORS

TITLE PTD
NAME Guillermo Lopez
STREET ADDRESS 394 East 10th Court
CITY-STATE-ZIP Hialeah, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SVD
NAME JAMIEL ARIAS
STREET ADDRESS 394 East 10th Court
CITY-STATE-ZIP Hialeah, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D
NAME Guillermo Lopez
STREET ADDRESS 394 East 10th Court
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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

Date:

Corporate Seal:

CR2E034B (12/01)