

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90180 009 \*\*\*150.00

**DOCUMENT # P01000073147**

1. Entity Name

**CHAPTER 5: CREATIONS, INC.**

Principal Place of Business

Mailing Address

**305 CLARKE AVE.  
 PALM BCH FL 33480**

**305 CLARKE AVE.  
 PALM BCH FL 33480**

2. Principal Place of Business

**201 Nola Rd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**West Palm Beach**

City & State

**West Palm Beach**

Zip

**33405**

Country

**FL**

Zip

**33405**

Country

**FL**

4. FEI Number

**65-114-1192**

- Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PASTOR, ANDREW E. ESQ.  
 11380 PROSPERITY FARMS RD., SUITE 101  
 PALM BCH GARDENS FL 33410**

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

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  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

**PD VASTOLA, GAIL**  
**305 CLARKE AVE.**  
**PALM BCH FL 33480**

☐ Delete

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

☐ Delete

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

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

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

☐ Delete

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

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**201 Nola Rd**  
**West Palm Beach FL 33405**

☒ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

**ANDREW E. PASTOR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-02**

Date

**561 600 1646**

Daytime Phone #

CR2E034 (9/01)