2002 UNIFORM BUSINESS REPORT (UBR)

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

1. Entity Name	MENI# P01000	00/314/				05-1	3-2002 90	0180 009	***150.00)
	5: CREATIONS, INC.			İ						
0, 2 2 12.1		1								
Principal Place	of Business	Mailing Address								
305 CLARKE		305 CLARKE AVE.								
PALM BCH FL		PALM BCH FL 33480								
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										•
2. Principal Pl	age of Business	3. Mailing Address								
<u>951 </u>	0.00.454.45.00				DO NOT	WRITE IN TH	IS SPACE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			BONO	******	15 01 702		
City & Stat		Cit & State		.4.	.FE! Number-	1711	110	`	Applied For	\Box
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Zell	TE Property Rapple	3210 NZ- 190	ountry	5.	Certificate of	Status Desir	ed 🗀	\$8.75 A Fee Requi		-
7,77.	6. Name and Address of Current Ro	gistered Agent	17/1/20	7.	Name and Ad	idress of N	w Registere	d Agent		
			Name							
PASTOR,	ANDREW E ESQ.	<u></u>	Street A	ddress (P.O.	Box Number is	s Not Accep	table)	<u></u>		7
11380 PR	OSPERITY FARMS RD., SUITE 101									-
PALM BCI	H GARDENS FL 33410									╝
	i		City				F	L Zip Co	ode	
	named entity submits this statement for t	he purpose of changing its racis	tered office o	registered a	nent or both.	in the State	ot Florida.			_
B. The above	named entity submits this statement for t	tie purpose or changing its regis	10100 01100 0	, og , ot o , o , o	.go, o. 202.,					
CICNIATI IDE										İ
SIGNATURE.	Signature typed or printed name of registered agent and	d title if applicable. (NOTE: Regis	stered Agent signat	ure required when	reinstetinė)		DAT	E		_
9. This corpo	EE IS \$150.00		10. Election	on Campaig	n Financing	\$5	.00 May Be			
	equirement and elects to do so.	After May 1, 2002 Fo				Fund Contril			ed to Fees	- [
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indicated on this report or supplier with an address not quality for the exemption stated in Section 113-07-07(). Fortida Statutes, notifier cetting that the information indicated on this report or suppliemental 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 of the corporation of the true receiver or greates 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