

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90717 004 \*\*\*150.00

DOCUMENT # 001000098705

1. Entity Name

CREACIONES BELEN, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4702 N.W. 115 Terr.

3. Mailing Address

4702 N.W. 115 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-1145004

Applied For

Not Applicable

Zip

Country

33076

Broward

Zip

Country

33076

Broward

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Maria M. Aguiar

Street Address (P.O. Box Number is Not Acceptable)  
4702 N.W. 115 Terr

City  
Coral Spring

FL

Zip Code

33076

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X Maria M. Aguiar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Maria M. Aguiar  
4702 N.W. 115 Terr.  
Coral Springs FL 33076

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Maria M. Aguiar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/03

Daytime Phone #

CR2E034B (12/02)