

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90095 020 \*\*\*158.75

**DOCUMENT # P01000114481**

1. Entity Name  
**CREATIVE GROUP INVESTMENTS II, INC.**



Principal Place of Business  
**920 NE 181ST STREET  
NORTH MIAMI BEACH FL 33162-1144**

Mailing Address  
**920 NE 181ST STREET  
NORTH MIAMI BEACH FL 33162-1144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **30-0034808**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ARLENE  
920 NE 181ST STREET  
NORTH MIAMI BEACH FL 33162-1144**

*(change address)*

Name

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

**8004 NW 154 St, #147**

City

**Miami Lakes**

**FL**

Zip

**33016**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **RODRIGUEZ, ARLENE**  
STREET ADDRESS **920 NE 181ST STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162-1144**

TITLE **8004 NW 154 St, #147** ☒ Change ☐ Addition  
NAME **Miami Lakes, FL 33016**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **RODRIGUEZ, RAUL**  
STREET ADDRESS **920 NE 181 ST**  
CITY-ST-ZIP **NMB FL 33162**

TITLE **8004 NW 154 St, #147** ☒ Change ☐ Addition  
NAME **Miami Lakes, FL 33016**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **RODRIGUEZ, ADA**  
STREET ADDRESS **920 NE 181 ST**  
CITY-ST-ZIP **NMB FL 33162**

TITLE **Vice Pres, Secretary** ☒ Change ☐ Addition  
NAME **8004 NW 154 St, #147**  
STREET ADDRESS **Miami Lakes, FL 33016**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RODRIGUEZ, EVA**  
STREET ADDRESS **920 NE 181 ST**  
CITY-ST-ZIP **NMB FL 33162**

TITLE **8004 NW 154 St, #147** ☒ Change ☐ Addition  
NAME **Miami Lakes, FL 33016**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Redrr** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Alina Rodriguez** ☐ Change ☒ Addition  
NAME **8004 NW 154 St, #147**  
STREET ADDRESS **(Secretary)**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Miami Lakes, FL 33016** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arlene Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/03** **(305)**  
**654-9657**  
Date Daytime Phone #

CR2E034 (10/02)