

FILED

Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90210 040 ***150.00

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

DOCUMENT # P01000115726

1. Entity Name

CREATEMPO USA, INC.

DO NOT WRITE IN THIS SPACE

70038311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2699 COLLINS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

4. FEI Number

01-0655488

Applied For

Not Applicable

Zip

33140

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VIVANCO S. GONZALO

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

1001 91ST ST STE 212

City

DAY HARBOR

FL

Zip Code

33154

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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 file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-9-03

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 \$350.00

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	PD
NAME	AHMADA C. SERGIO
STREET ADDRESS	1001 91ST STE 212
CITY-ST-ZIP	DAY HARBOR FL 33154

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SD
NAME	VIVANCO S. GONZALO
STREET ADDRESS	1001 91ST STE 212
CITY-ST-ZIP	DAY HARBOR FL 33154

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TD
NAME	AVENDANO V. FELIPE
STREET ADDRESS	1001 91ST STE 212
CITY-ST-ZIP	DAY HARBOR FL 33154

TITLE	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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, without other like empowerment.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VIVANCO GONZALO
SECRETARY 4-9-03 (786) 586-4000

CR3E034B (12/01)