FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91327 015 ***150.00

DOCUMENT # P01000120900

1. Entity Name
IMAN CREATIVE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3440 HOLLYWOOD BLVD	
Suite, Apt. #, etc. 360	Suite, Apt. #, etc.
City & State HOLLYWOOD, FL	City & State
Zip 33021 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0003689 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LEONARDO A. ROTH, ESQ

Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD, STE 360

City HOLLYWOOD FL Zip Code 33021

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 Leonardo A. Roth LEONARDO A. ROTH ESQ 5-2-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

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 $550.00
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	DVS
NAME	HANSSEN, PABLO
STREET ADDRESS	3440 HOLLYWOOD BLVD, STE 360
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D, P, T
NAME	HANSSEN, CARLOS A.
STREET ADDRESS	3440 HOLLYWOOD BLVD, STE 360
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-2-02 954-322-4210
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #