

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90095 046 ***150.00

DOCUMENT # P01000120900

1. Entity Name
IMAN CREATIVE, INC.



Principal Place of Business
**3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**

90009755



2. Principal Place of Business
3291 West Sunrise Blvd
Suite, Apt. #, etc.

3. Mailing Address
19255 NE 10th Avenue
Suite, Apt. #, etc.
122

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL
Zip **33311** Country **Broward**

City & State
North Miami Beach, FL
Zip **33179** Country **Dade**

4. FEI Number **80-0003689**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A.
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **Carlos A. Hanssen**
Street Address (P.O. Box Number is Not Acceptable)
1591 Banyan Way
City **Weston** FL Zip Code **33327**

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 **Carlos A. Hanssen** X **President**

DATE **01/21/03**

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

TITLE	DVS	<input type="checkbox"/> Delete
NAME	HANSSEN, PABLO	
STREET ADDRESS	3440 HOLLYWOOD BLVD. SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	HANSSEN, CARLOS A	
STREET ADDRESS	3440 HOLLYWOOD BLVD. SUITE 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanssen, Pablo	
STREET ADDRESS	19255 NE 10th Avenue, Ste 122	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanssen, Carlos A.	
STREET ADDRESS	1591 Banyan Way	
CITY-ST-ZIP	Weston, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Carlos A. Hanssen** **President** **EXQUISITE** **01/21/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)