

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-13-2003 90095 022 ***158.75

DOCUMENT # P02000000186

1. Entity Name
CREATIVE GROUP INVESTMENTS IV, 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. FFI Number

30-0056800

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

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

(change Address)

7. Name and Address of New Registered Agent

Name

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

8004 NW 154 St, #147

City

Miami Lakes

FL

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

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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ARLENE	
STREET ADDRESS	920 NE 181ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162-1144	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ADA	
STREET ADDRESS	920 NE 181ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162-1144	
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	P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8004 NW 154 St, #147	
STREET ADDRESS	Miami Lakes, FL 33016	
CITY-ST-ZIP		
TITLE	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8004 NW 154 St, #147	
STREET ADDRESS	Miami Lakes, FL 33016	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Arlene	
STREET ADDRESS	8004 NW 154 St, #147, Miami Lakes, FL	
CITY-ST-ZIP	33016	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Raw	
STREET ADDRESS	8004 NW 154 St, #147, Miami Lakes, FL	
CITY-ST-ZIP	33016	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Eva	
STREET ADDRESS	8004 NW 154 St, #147	
CITY-ST-ZIP	Miami Lakes, FL 33016	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

(305) 654-9657

Daytime Phone #

CR2E034 (10/02)