## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000079580

Entity Name: CREATIVA GROUP, INC.

FILED Jan 27, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 101 MADEIRA AVENUE 11449 NW 34TH ST CORAL GABLES, FL 33134 MIAMI, FL 33178 **Current Mailing Address: New Mailing Address:** 101 MADEIRA AVENUE 11449 NW 34TH ST CORAL GABLES, FL 33134 MIAMI, FL 33178 FEI Number: 13-4212177 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: XIQUES, ALBERT J LUSTGARTEN, DAVID MR 11449 NW 34TH ST 101 MADEIRA AVENUE CORAL GABLES, FL 33134 MIAMI, FL 33178 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: DAVID LUSTGARTEN A. 01/27/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: ( ) Change (X) Addition LUSTGARTEN, DAVID Name: Name: 8VA AV. RES ALTAVISTA APT 1-C, ALTAMIRA Address: Address: City-St-Zip: City-St-Zip: CARACAS, DF 1071 VE Title: () Delete Title: ( ) Change (X) Addition LUCY, DAVID Name: Name: AV. ALAMEDA, EDIF. ROSAL CLASSIC, EL ROSAL Address: Address: CARACAS, DF 1070 VE City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete MR Name: ISRAEL, JOSE Name: AV. AVILA, QTA LOS BAMBI, LOS DOS CAMINOS Address Address: City-St-Zip: City-St-Zip: CARACAS, DF 1071 VE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LUSTGARTEN A. MR. 01/27/2003