

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90194 028 ***150.00

DOCUMENT # P02000091291

1. Entity Name
CREATIONS RACING TEAM, CORP.



Principal Place of Business
**2716 NW 72 AVE
MIAMI, FL 33122**

Mailing Address
**2716 NW 72 AVE
MIAMI, FL 33122**

30029023

2. Principal Place of Business
**3970 N.W.132 ST.UNIT E
Suite, Apt. #, etc.**

3. Mailing Address
**2716 NW 72 AVE
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State
OPALOCKA FL
Zip
33054

City & State
MIAMI FL 33122
Zip
33054

4. FEI Number
42 - 1547683

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, RAUL E
2716 NW 72 AVE
MIAMI, FL 33122**

7. Name and Address of New Registered Agent

Name
GONZALEZ, RAUL R
Street Address (P.O. Box Number is Not Acceptable)
2716 NW 72 AVE

City
MIAMI FL Zip Code
33122

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

Raul Gonzalez

02-14-2003

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, RAUL R 2716 NW 72 AVE MIAMI, FL 33122	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, RAUL C 6326 NW 113 CT MIAMI, FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Raul Gonzalez

2-14-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CFR2034 (10/02)