

FILED
Jul 21, 2003 8:00 am
Secretary of State

05-29-2003 90135 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000119752			
1. Entity Name CREATIVE INVESTMENT ADVICE, INC.			
Principal Place of Business 1330 WEST AVENUE NO 3108 MIAMI BEACH FL 33139		Mailing Address 1330 WEST AVENUE NO 3108 MIAMI BEACH FL 33139	
2. Principal Place of Business SAME AS ABOVE.		3. Mailing Address SAME AS ABOVE.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 81-0578705		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAZOBON, DICKY F 1330 WEST AVENUE NO 3108 MIAMI BEACH FL 33139			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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] [Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)] 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CAZOBON, DICKY F 1330 WEST AVENUE NO 3108 MIAMI BEACH FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 employees.			
SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature and typed or printed name of signing officer or director] Date Daytime Phone #			

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)