

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 003 000032154

1. Entity Name

ARCUS CREATIONS, INC.



FILED

04 MAY 10 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 NE 41st St.

Suite, Apt. #, etc.

Apt # 0059

City & State

Oakland Park, FL

Zip

33334

Country

Blownd

3. Mailing Address

P.O. Box 9792

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33310

Country

Blownd

4. FEI Number

65-1172345

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARCUS ROOFS-HOLLAND

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

101 NE 41st St.

Apt # 0059

City

Oakland Park

FL

Zip Code

33334

**DO NOT WRITE
IN THIS SPACE**

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: *ARCUS ROOFS-HOLLAND*

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

President

(NOTE: Registered Agent signature required when reinstating)

04/05/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRV; TIS; DICH
NAME	ARCUS ROOFS-HOLLAND
STREET ADDRESS	101 NE 41st St. Apt # 0059
CITY-ST-ZIP	Oakland Park, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *ARCUS ROOFS-HOLLAND*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04

Date

954/815-0307

Daytime Phone #

CR2E034B (12/02)