

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006362

1. Entity Name

CORPORATE CREATIONS ENTERPRISES INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90144 036 \*\*\*150.00

Principal Place of Business

4521 PGA BLVD.  
PALM BEACH GARDENS FL 33418

Mailing Address

4521 PGA BLVD.  
#211  
PALM BEACH GARDENS FL 33418-3997  
US

2. Principal Place of Business

941 Fourth Street  
Suite, Apt. #, etc.  
#200

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0387265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RODRIGUEZ, FRANK A  
STREET ADDRESS C/O 4521 PGA BLVD., #211  
CITY-ST-ZIP PALM BEACH GARDENS FL

☐ Delete

TITLE DC  
NAME  
STREET ADDRESS 8895 N Military Trail #202D  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE P  
NAME Luis Uriarte  
STREET ADDRESS 941 Fourth Street #200  
CITY-ST-ZIP Miami Beach, FL 33139

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Rodriguez  
CEO

4/17/00

(561)  
694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)