

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063724

1. Entity Name

CREATIVE HEALTHCARE SERVICES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90080 012 ***150.00

Principal Place of Business

633 N.E. 167TH STREET
SUITE 1002
NORTH MIAMI BEACH FL 33162

Mailing Address

633 N.E. 167TH STREET
SUITE 1002
NORTH MIAMI BEACH FL 33162-2448

2. Principal Place of Business

99 NW MIAMI GDNs DR

3. Mailing Address

99 NW MIAMI Gardens DR

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

North MIAMI Beach, FL

City & State

North MIAMI Beach, FL

Zip

33169

Country

USA

Zip

33169

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0434387

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

WEISS, CHARLES P
633 N.E. 167TH STREET
SUITE 1002
NORTH MIAMI BEACH FL 33162

Name

Weiss, Charles P
Street Address (P.O. Box Number is Not Acceptable)

1000 E ISLAND BLVD

Ste 606

City

North Miami, FL 33180

Zip Code

33180

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 ☐ Delete
NAME D
STREET ADDRESS WEISS, CHARLES P
CITY-ST-ZIP 1000 E ISLAND BLVD SUITE 606
N MIAMI BEACH FL 33160

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WEISS, JUNE J
CITY-ST-ZIP 1000 E ISLAND BLVD SUITE 606
N MIAMI BEACH FL 33160

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Weiss 4-12-00

Date

Daytime Phone #

CR2E034 (9/99)