

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90003 014 ***150.00

DOCUMENT # P93000063724

1. Entity Name
CREATIVE HEALTHCARE SERVICES, INC.



Principal Place of Business 99NW MIAMI GARDENS DR #206 N MIAMI BEACH FL 33169 US	Mailing Address 99NW MIAMI GARDENS DR #206 N MIAMI BEACH FL 33169 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0434387		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WEISS, CHARLES P 1000 E ISLAND BLVD STE 606 N MIAMI FL 33180				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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, CHARLES P		NAME		
STREET ADDRESS	1000 E ISLAND BLVD SUITE 606		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, JUNE J		NAME		
STREET ADDRESS	1000 E ISLAND BLVD SUITE 606		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

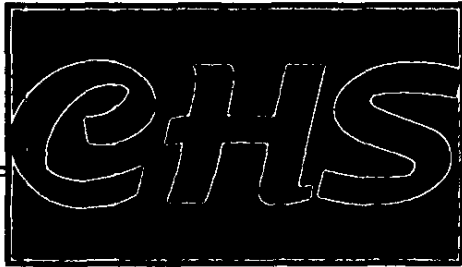
SIGNATURE: SIGNATURE REQUIRED **8-9-2001 305-690-9890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2EN34 (5/01)

Attachment

Doc # 80002237
P93000063724
CREATIVE HEALTHCARE SERVICES,
99 N.W. MIAMI GARDENS DRIVE
SUITE #206
NORTH MIAMI BEACH, FL 33169



August 9, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE:FEI Number:65-0434387
Document # P93000063724

To whom it may concern,

We recently received the notice for the 2001 Uniform Business Report indicating that you had not received our payment by June 8, 2001.

We have always paid and returned this to your office promptly. I have checked our records and can find no indication that we received the original notice.

As per my conversation with your office today, I am submitting the yearly fee of \$150.00 along with this letter.

If you should have any questions or need further information, you may call me at 305-690-9890.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bonnie Dunham", is written over a horizontal line.

Bonnie Dunham
Administrator

PHONE: 305-690-9890
FAX: 305-690-9222
TMCFRAN@AOL.COM