

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040830

1. Entity Name

CREATIVE MANAGEMENT FORCE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90110 033 ***150.00

Principal Place of Business

7940 CAMINO CIRCLE
MIAMI FL 33143

Mailing Address

6619 S. DIXIE HWY.
#377
MIAMI FL 33143-7919
US

2. Principal Place of Business

51 S.W. BRANCH TERR
Suite, Apt. #, etc.

3. Mailing Address

SAME AS 2.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM CITY, FL.

City & State

City & State

4. FEI Number

65-0495197

Applied For

Not Applicable

Zip

34990

Country

MARTIN

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORWIN, PAULINE
7940 CAMINO CIRCLE
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

CORWIN, PAULINE

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

4651 S.W. BRANCH TERRACE
PALM CITY

City

FL

Zip Code

34990

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

Pauline Corwin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORWIN, PAULINE	
STREET ADDRESS	7940 CAMINO CIRCLE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORWIN, PAULINE	
STREET ADDRESS	4651 S.W. BRANCH TERRACE	
CITY-ST-ZIP	PALM CITY, FLORIDA 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Pauline Corwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAULINE CORWIN PRES 561 286 8573

CR2E034 (9/99)