

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90005 022 ***150.00

DOCUMENT # P94000093426

1. Entity Name
CREATIVE CLOSETS, INC.

004440



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1323 SE 17TH ST
 531
 FT. LAUDERDALE FL 33316
 US

1323 SE 17TH ST
 531
 FT. LAUDERDALE FL 33316
 US

2. Principal Place of Business

3. Mailing Address

1025 E. PROSPECT RD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

4. FEI Number **65-0551786**

Applied For
 Not Applicable

Zip

Country

33334

USA

Zip

Country

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

DUARTE, PETER

Name

PETER DUARTE

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

1025 E. PROSPECT RD

City

FORT LAUDERDALE,

FL

Zip Code

33334

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, 2001 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 **P** ☐ Delete
 NAME **DUARTE, PETER**
 STREET ADDRESS **1323 SE 17TH ST., #531**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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

TITLE **D** ☒ Delete
 NAME **BUSHEY, JOSEPH**
 STREET ADDRESS **1323 SE 17TH ST #531**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 687, 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 empowerments.

SIGNATURE:

PETER DUARTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 954-568-1775

CR2E034 (10/00)