

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010163

1. Entity Name
CREATIVEDGE ENTERPRISES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90164 001 ***150.00

Principal Place of Business

Mailing Address

~~3263 FAIRFIELD DR~~
~~KISSIMMEE FL 34743~~
US

P.O. BOX 593415
ORLANDO FL 32859-3415
US

2. Principal Place of Business

14543 GRASSY COVE CIR.

3. Mailing Address

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32824

Country
USA

Zip

Country

4. FEI Number 74-2764576

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

ORTIZ, LEO

~~3263 FAIRFIELD DR~~
~~KISSIMMEE FL 34743~~

Name

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

PO Box 593415

City ORLANDO

FL

Zip Code 32859

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

Leo Ortiz, President

4/11/00

(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 P
NAME ORTIZ, LEO ☐ Delete
STREET ADDRESS 12612 ILLINOIS WOODS LANE
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14543 GRASSY COVE CIR.
CITY-ST-ZIP

TITLE S
NAME MUNOZ, CARMEN ☐ Delete
STREET ADDRESS 3115 TALL GRASS PLACE
CITY-ST-ZIP KISSIMMEE FL

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

TITLE T
NAME ORTIZ, AMELIA ☐ Delete
STREET ADDRESS 12612 ILLINOIS WOODS LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14543 GRASSY COVE CIR.
CITY-ST-ZIP

TITLE D
NAME MARTINEZ, SIXTO ☐ Delete
STREET ADDRESS 2742 ROLLING BROCK DRIVE
CITY-ST-ZIP ORLANDO FL

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

TITLE D
NAME MALAVE, SECUNDINO ☐ Delete
STREET ADDRESS 9758 PINEY-POINT CIRCLE
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Leo Ortiz

4/11/00

(407) 857-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR/E034 (9/99)