

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 995000015535 ✓

1. Entity Name

CREATIVE FINANCE COMPANY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90006 030 ***150.00

80021671

DO NOT WRITE IN THIS SPACE

Principal Place of Business

90 BARRY R. HARMELIN
P.O. Box 291826
FT. LAUDERDALE, FLA. 33329

Mailing Address

90 BARRY R. HARMELIN
P.O. Box 291826
FT. LAUDERDALE, FLA. 33329

2. Principal Place of Business

P.O. Box 291826

3. Mailing Address

P.O. Box 291826

Suite, Apt. #, etc.

FT. LAUDERDALE, FLA.

Suite, Apt. #, etc.

FT. LAUDERDALE, FLA.

City & State

33329 USA

City & State

33329 USA

4. FEI Number

65-0557676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARMELIN, BARRY
90 ASTUTE TAX + ACCOUNTING INC.
5450 NW 33RD AVE. SUITE III
FT. LAUDERDALE, FLA. 33309

7. Name and Address of New Registered Agent

Name: HARMELIN, BARRY
Street Address (P.O. Box Number is Not Acceptable): 90 ASTUTE TAX + ACCOUNTING INC.
5450 NW 33RD AVE. SUITE III
City: FT. LAUDERDALE FL Zip Code: 33309

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: BARRY R. HARMELIN PRES.

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

(NOTE: Registered Agent signature required when reinstating)

2/4/00
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

TITLE: OFFICER ☐ Delete
NAME: HARMELIN, BARRY
STREET ADDRESS: 90 ASTUTE TAX + ACCOUNTING INC.
CITY-ST-ZIP: 5450 NW 33RD AVE. SUITE III FT. LAUDERDALE, FLA. 33309

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
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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:

BARRY R. HARMELIN

2/4/00

954-433-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)