

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015823

1. Entity Name

CREATIVE CONCEPTS INK, CORP.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90215 018 \*\*\*150.00

Principal Place of Business

11387 S.W. 85TH LANE  
MIAMI FL 33173

Mailing Address

11387 S.W. 85TH LANE  
MIAMI FL 33173

2. Principal Place of Business

18855 SW 110 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

18855 SW 110 TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-0561868

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

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

FUENTES, SONIA

11387 S.W. 85TH LANE  
MIAMI FL 33173

Name

FUENTES, SONIA

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

18855 SW 110 TERRACE

City

MIAMI

FL

Zip Code

33186

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

*Sonia Fuentes*

4/27/01

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 ☐ Delete  
NAME PVST  
STREET ADDRESS FUENTES, SONIA  
CITY-ST-ZIP 11387 S.W. 85TH LANE  
MIAMI FL 33173

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FUENTES, SONIA  
CITY-ST-ZIP 11387 S.W. 85TH LANE  
MIAMI FL 33173

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Sonia Fuentes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305-383-5220

Daytime Phone #

CR2E034 (10/00)