

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025121

1. Entity Name

CREASE, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90216 003 \*\*\*150.00

Principal Place of Business

Mailing Address

8404 N.W. 17TH COURT  
PEMBROKE PINES FL 33024-3406

8404 N.W. 17TH COURT  
PEMBROKE PINES FL 33024-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0586342

Applied For

Not Applicable

Zip

Country

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

Name

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

City

FL

Zip Code

ROBINSON, GEOFFREY K  
800 WEST AVENUE, SUITE 418  
MIAMI BEACH FL 33139

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	DORIGO, FRITZ	8404 NW 17TH COURT	PEMBROKE PINES FL	<input type="checkbox"/> Delete			
D	DORIGO, ERIC	8404 N.W. 17TH COURT	PEMBROKE PINES FL 33024-3406	<input type="checkbox"/> Delete			
D	GERSHENGORN, GREG	8610 NW 48TH STREET	LAUDERHILL-FL 33351	<input type="checkbox"/> Delete			
D	MEISTER, KELLY	6104 SW 20TH STREET	MIRAMAR FL 33023	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00

954-749-1423

CR2E034 (9/99)