

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90104 028 ***150.00

DOCUMENT # P95000025121

1. Entity Name
CREASE, INC.

Principal Place of Business
8404 N.W. 17TH COURT
PEMBROKE PINES FL 33024-3406

Mailing Address
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

Zip

Country

Zip

Country

4. FEI Number
65-0586342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 **D** ☐ Delete
NAME **DORIGO, FRITZ**
STREET ADDRESS **8404 NW 17TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ Delete
NAME **DORIGO, ERIC**
STREET ADDRESS **8404 N.W. 17TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33024-3406**

TITLE **D** ☐ Delete
NAME **GERSHENGORN, GREG**
STREET ADDRESS **8610 NW 48TH STREET**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE **D** ☐ Delete
NAME **MEISTER, KELLY**
STREET ADDRESS **6104 SW 20TH STREET**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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

Fritz Dorigo

Date

1/29/02

Daytime Phone #

954-748-1423

CR2E034 (9/01)