

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90143 004 \*\*\*150.00

**DOCUMENT # P95000027024**

**1. Entity Name**  
**CREATIVE FINANCE MANAGEMENT, INC.**



**Principal Place of Business**  
**10691 N. KENDELL**  
**#304**  
**MIAMI FL 33176**

**Mailing Address**  
**10691 N. KENDELL**  
**#304**  
**MIAMI FL 33176**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 65-0573085**

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**

**LILLY, JACQUELINE M**  
**10691 N. KENDALL DR.**  
**STE. 304**  
**MIAMI FL 33189**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |                                 |  |  |   |
|--|--|---------------------------------|--|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PVST</b><br><b>LILLY, JACQUELINE M</b><br><b>10691 N. KENDELL DR., SUITE 304</b><br><b>MIAMI FL 33176</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>D</b><br><b>LILLY, JACQUELINE M</b><br><b>10691 N. KENDELL DR., SUITE 304</b><br><b>MIAMI FL 33176</b>    | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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**2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (10/02)