

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90450 026 ***150.00

DOCUMENT # P95000051774

1. Entity Name
PARK AVENUE CREATIVE DESIGNS, INC.

Principal Place of Business
3350 N.W. 2ND AVENUE — *SAME*
SUITE ~~B-38~~ — *SAME*
BOCA RATON FL 33431

Mailing Address
P.O. BOX 880
BOCA RATON FL 33429

2. Principal Place of Business

Suite, Apt. #, etc.
SUITE A-2

City & State

Zip Country

6. Name and Address of Current Registered Agent

CALIENDO, SAM S
7430 SOUTH FEDERAL HWY
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
CALIENDO, SAM S
 Street Address (P.O. Box Number is Not Acceptable)
3350 NW 2ND AVE SUITE A-2
BOCA RATON
 City **FL** Zip Code *33431*

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

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 **CALIENDO, SAM S**
 STREET ADDRESS **3350 N.W. 2ND AVENUE, ~~B-38~~ A-2**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete
 NAME **BARONE, JOANNE F**
 STREET ADDRESS **3350 N.W. 2ND AVENUE, ~~B-38~~ A-2**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *SUITE - A-2*
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS *SUITE A-2*
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phone 516-416-2200
3/15/02 *Print*
 Date Daytime Phone #

CR2E034 (9/01)