

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080452

1. Entity Name  
**CREATIVE CONCEPTS TRADING INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 SEP 28 PM 3:35

Principal Place of Business  
 777 E. MERRITT ISLAND CSWY.  
 #233  
 MERRITT ISLAND FL 32952

Mailing Address  
 608 WEST VINE  
 SUITE 2  
 KISSIMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3348428**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ELGHABER, DAU**  
**1919 REDFIELD LANE**  
**ORLANDO FL 32837**

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 **09/01/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ELGHABER, DAV</b>	
STREET ADDRESS	<b>1919 REDFIELD LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MUNI, MOHAMMED</b>	
STREET ADDRESS	<b>508 ADIRONDACK AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>700003441857</b>	
STREET ADDRESS	<b>-10/27/00--01024--013</b>	
CITY-ST-ZIP	<b>****150.00 ****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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  
 Date **09-01-00** Daytime Phone #

CR2E034 (5/00)

**CreativeConcepts  
Trading**

777 E. Merritt Island Cswy., Unit 233  
Merritt Island, FL 32952

September 26, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Payment for UBR was sent on April 15, 2000. Unfortunately the payment was not received. I am enclosing another check for payment to clear this matter.

Sincerely,



Dau Elghaber  
CCI Inc.