

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-21-2003 91045 047 ***150.00

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DOCUMENT # P95000082611

1. Entity Name
THE CREATIVE DEPARTMENT USA, INC.



Principal Place of Business
**2408 HOLLYWOOD BLVD
HOLLYWOOD FL 33020**

Mailing Address
**1255 VAN BUREN ST
HOLLYWOOD FL 33019**

55046403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0631069**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKE, PATRICIA
11921 NW 20 ST
PEMBORKE PINES FL 33028**

Name **JANN SABIN**
Street Address (P.O. Box Number is Not Acceptable)
1255 VAN BUREN
City **HOLLYWOOD** FL Zip Code **33019**

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

Jann Sabin

6/02/03

Signature, typed printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	SABIN, JANN	
STREET ADDRESS	1255 VAN BUREN ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	☐ Delete
NAME	SABIN, DONALD	
STREET ADDRESS	1255 VAN BUREN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 REQUIRED

2/17/03

954.920.2512

Jann Sabin

CR2E034 (10/02)