2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90011 042 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000094790

1. Entity Name

CREATIVE DESIGNS & MARKETING INC.

Principal Place of Business	Mailing Address
10622 WHEELHOUSE CIRCLE BOCA RATON FL 33428 US	P.O. BOX 970115 BOCA RATON FL 33497-0115

2. Principal Place of Business		3. Mailing Address	
18456 E. Covington Trace		P.O. BOX 970115	
Suite, Apt. #, etc.: Boca Raton FL 33498		Suite, Apt. #, etc.	
City & State: Boca Raton, FL		City & State: BOCA RATON FL	
Zip: 33498	Country: USA	Zip: 33497	Country: USA

4. FEI Number 65-0641543 ☐ 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
HYMAN, IRIS 10622 WHEELHOUSE CIRCLE BOCA RATON FL 33428	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 Iris Hyman 4/12/00

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

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, IRIS 10622 WHEELHOUSE CIR. BOCA RATON FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Iris Hyman 4/12/00 561 487-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #