FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P95000094790 1. Entity Name 04-24-2002 90315 045 \*\*\*150.00 CREATIVE DESIGNS & MARKETING INC. Principal Place of Business Mailing Address 18456 E. COVINGTON TRACE P.O. BOX 970115 **BOCA RATON FL 33498 BOCO RATON FL 33497** 2. Principal Place of Business 3. Mailing Address 1700 No. Dixie 700 NO. Dix Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE te # 138 City & State 4. FEI Number Applied For 65-0641543 Not Applicable Country 1 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HYMAN, IRIS 10622 WHEELHOUSE CIRCLE **BOCA RATON FL 33428** 3<u>498</u> 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. re, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE n ☐ Delete Change ☐ Addition NAME NAME HYMAN, IRIS STREET ADDRESS STREET ADDRESS 18456 E. COVINGTON TRACE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address, with all other like empowered