

FILED

Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90089 005 ***150.00

AUUUZZJY



DO NOT WRITE IN THIS SPACE

| | | | | | | | | | | | |
|---|--------------------------------------|---------|--|-----|--|---|---|---------------------------------|--|-----------|--|
| DOCUMENT # P96000017884 | | | | | | Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90089 005 ***150.00 | | | | | |
| 1. Entity Name CALIFORNIA CREATIONS, INC. | | | | | | | | | | | |
| Principal Place of Business 6001 N OCEAN DRIVE SUITE 1102 HOLLYWOOD FL 33019 US | | | | | | Mailing Address 6001 N OCEAN DRIVE SUITE 1102 HOLLYWOOD FL 33019 US | | | | | |
| 2. Principal Place of Business | | | | | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | | | | | Suite, Apt. #, etc. | | | | | |
| City & State | | | | | | City & State | | | | | |
| Zip | | Country | | Zip | | Country | | 4. FEI Number 65-0646764 | | | |
| | | | | | | | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | | | \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | | | Name | | | | | |
| | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | | | |
| | | | | | | City | | | | FL | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | | | | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | | | | | |
| | | | | | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 11. OFFICERS AND DIRECTORS | | | | | | | | | | | |
| TITLE | PSTD <input type="checkbox"/> Delete | | | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | DIAMOND, EILEEN | | | | | NAME | | | | | |
| STREET ADDRESS | 6001 N OCEAN DR # 1102 | | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | | | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | | NAME | | | | | |
| STREET ADDRESS | | | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | | NAME | | | | | |
| STREET ADDRESS | | | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | | NAME | | | | | |
| STREET ADDRESS | | | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | |
| SIGNATURE: <i>Eileen Diamond</i> | | | | | | Date: <i>1/5/01</i> Daytime Phone #: <i>954-927-8131</i> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | |

CR2E034 (10/00)