FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91332 003 ***150.00

668448

DOCUMENT # P02000057951

1. Entity Name

CREATIVE BUSINESS CORP

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8225 Lake drive	8225 Lake drive C503
Suite, Apt. #, etc. C503	Suite, Apt. #, etc.
City & State Miami - FL	City & State Miami FLORIDA
Zip 33166 Country USA	Zip 33166 Country USA

4. FEI Number 65-0683084 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MONICA C BRODA

Street Address (P.O. Box Number is Not Acceptable): 8225 LAKE Drive C503

City: Miami FL Zip Code: 33166

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: [signature] 4/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MONICA C. BRODA 8225 LAKE DRIVE MIAMI FL 33166
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MONICA C. BRODA 4/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #