## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 04, 2001 8:00 am Secretary of State DOCUMENT # **P97000010567** CREATIVE BISTRO, INC. 05-04-2001 90153 027 \*\*\*150.00 Mailing Address Principal Place of Business 6200 20TH STREET., #394 6200 20TH STREET.. #394 VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0730517 Not Appricable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEISS, MITCHELL Street Address (P.O. Box Number is Not Acceptable) 660 32ND CT S.W. VERO BEACH FL 32968 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 12. TITLE ☐ Change ■ Addition TITILE ☐ Delete WEISS, MITCHELL NAME NAME 660 32ND CT S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-7P ☐ Chance Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Adoltion TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director usted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of 13. I hereby certify that the information s indicated on this report or suppleme

of the corporation or the receive

changed, or on an attac

NTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered. MITCHELL