

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90157 031 ***150.00

DOCUMENT # P97000019694

1. Entity Name
CRE8TV JUICE GROUP MIAMI BEACH, INC.

Principal Place of Business

**419 ESPANOLA WAY
 MIAMI BEACH FL 33139**

Mailing Address

**419 ESPANOLA WAY
 MIAMI BEACH FL 33139**

2. Principal Place of Business

419 ESPANOLA WAY

3. Mailing Address

419 ESPANOLA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0759151

Applied For

Not Applicable

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GIAMMATTEI, MAURICIO
 419 ESPANOLA WAY
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PHILIPSON, MICHAEL	
STREET ADDRESS	419 ESPANOLA WAY	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIAMMATTEI, MAURICIO	
STREET ADDRESS	419 ESPANOLA WAY	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	KELSICK, KEVIN	
STREET ADDRESS	419 ESPANOLA WAY	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mauricio Giammattei	
STREET ADDRESS	419 Espanola Way	
CITY-ST-ZIP	Miami Be	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Kelsick	
STREET ADDRESS	419 ESPANOLA WAY	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 687, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

EXHIBIT "C"

Doc. # P97000019694
D0045470

RESIGNATION OF OFFICER, DIRECTOR AND SHAREHOLDER

SEE ATTACHED

Attachment

Doc. # P97000019694

**RESIGNATION OF OFFICER AND DIRECTOR OF
CRE8TIV JUICE GROUP MIAMI BEACH, INC.**

D0045470

TO: Department of State
Tallahassee, Florida 32301

PLEASE TAKE NOTICE that the undersigned hereby resigns as the Officer, Director and Shareholder of Cre8tiv Juice Group Miami Beach, Inc., a Florida corporation having its registered office at 419(C) Espanola Way, Miami, Florida 33139.

The undersigned hereby stipulates and agrees that he is relinquishing any right, title or interest in this corporation whether it be as a shareholder, officer, director, or the like.

This resignation shall take effect on the date set forth below.

DATED this 20th day of April, 2001.



MICHAEL PHILIPSON, as Officer and Director

STATE OF FLORIDA)
)SS
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 20th day of April, 2001 by MICHAEL PHILIPSON, who is personally known to me ~~for has produced~~ as identification.



NOTARY PUBLIC
State of Florida at Large

My Commission expires:

