

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000 26983

1. Entity Name

CREATIVE STRUCTURES CORPORATION

Principal Place of Business

Mailing Address

1390 BRICKELL AVE
SUITE 200
MIAMI, FL 33131

2. Principal Place of Business

9737 NW 41ST ST

Suite, Apt. #, etc.

PMB # 487

City & State

MIAMI, FL

Zip

33178-2924

Country

USA

3. Mailing Address

1800 W 49TH ST

Suite, Apt. #, etc.

207

City & State

MIAMI, FL

Zip

33012

Country

USA

4. FEI Number

58-2316608

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Rios, LEOPOLDO J.
1800 W 49TH ST, STE. 207
MIAMI, FL 33012

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

09/01/00

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, 2000 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

OFFICERS AND DIRECTORS

ST-ZIP	D. MAULINI, GIORGIO 1390 BRICKELL AVE, #200 MIAMI, FL 33131	<input type="checkbox"/> Delete
ST-ZIP	D. MAULINI, BETTINA 1390 BRICKELL AVE, #200 MIAMI, FL 33131	<input type="checkbox"/> Delete
ST-ZIP		<input type="checkbox"/> Delete
ST-ZIP		<input type="checkbox"/> Delete
ST-ZIP		<input type="checkbox"/> Delete
ST-ZIP		<input type="checkbox"/> Delete

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	<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	

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

SIGNATURE:

P/E [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/00 (305) 558 9669

Date

Daytime Phone

CR2E034 (9/99)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90069 020 ***150.00

DO NOT WRITE IN THIS SPACE