

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000032905**

1. Entity Name

CREATIVE PARTNERS, INC.**FILED**
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90017 039 ***150.00

Principal Place of Business

914 NE 20TH AVENUE
FORT LAUDERDALE FL 33304
US

Mailing Address

914 NE 20TH AVENUE
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3256675**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONVERLY FOLTZ, SUSAN
1918 NE 32ND AVE
FT LAUDERDALE FL 33305

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 State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	CONVERLY FOLTZ, SUSAN	<input type="checkbox"/> Delete		STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		1918 NE 32ND AVE					
		FT LAUDERDALE FL 33305					
	S	ROBERT F FOLTZ	<input type="checkbox"/> Delete		PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		1918 NE 32ND AVE					
		FT LAUDERDALE FL 33305					
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Robert F Foltz, Pres.**4/02/01****(954) 763-7631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)