2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State
03-19-2002 90031 036 ***158.75

012819 AV

DOCUMENT # P97000034087

1. Entity Name
UNIVERSAL CREATIONS, INC.

Principal Place of Business	Mailing Address
417 E SHEIDAN STREET	417 E SHERIDAN STREET
SUITE #280	SUITE #280
DANIA FL 33004	DANIA FL 33004
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2400 E. Las Olas Blvd		2400 E. Las Olas Blvd	
Suite, Apt. #, etc.: # 326		Suite, Apt. #, etc.: # 326	
City & State: Fort Lauderdale, FL		City & State: Fort Lauderdale, FL	
Zip: 33301	Country: USA	Zip: 33301	Country: USA

4. FEI Number 65-0759583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DASILVA, JOSE CLAUDIO
417 E SHERIDAN STREET
SUITE #280
DANIA FL 33004

(Please note name change) ⟷ Please see attached American Passport Copy with new name

7. Name and Address of New Registered Agent

Name: DaSilva, Claudio M.
Street Address (P.O. Box Number is Not Acceptable): 2400 E. Las Olas Blvd. # 326
City: Fort Lauderdale FL Zip Code: 33301

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] Claudio DaSilva 2-26-02
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DASILVA, JOSE C 417 E SHERIDAN ST STE 280 DANIA FL 33004 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DaSilva, Claudio 2400 E. Las Olas Blvd. # 326 Fort Lauderdale, FL 33301. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Claudio DaSilva 2-26-02 # (954) 401-3914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

attachment #P 97000034087

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The Secretary of State of the United States of America
hereby requests all whom it may concern to permit the citizen/national
of the United States named herein to pass without delay or hindrance
and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique
prie par les présentes toutes autorités compétentes de laisser passer le citoyen/
ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni
difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las
autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos
aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la
ayuda y protección ídicas.

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 046481707

Surname / Nom / Apellidos
DA SILVA
Given names / Prénoms / Nombres
CLAUDIO MARTINS
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
19 May 1964
Sex / Sexe / Sexo: M
Place of birth / Lieu de naissance / Lugar de nacimiento
BRAZIL
Date of issue / Date de délivrance / Fecha de expedición
04 Oct 2001
Authority / Autorité / Autoridad
Miami
Passport Agency
Date of expiration / Date d'expiration / Fecha de caducidad
03 Oct 2011
Amendments / Modifications / Enmiendas
See Page 24

P<USADA<SILVA<<CLAUDIO<MARTINS<<<<<<<<<<<<<<

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