

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90055 026 \*\*\*550.00

**DOCUMENT # P97000036686**

1. Entity Name  
**CREATIVE - T - SHIRTS, INC.**

Principal Place of Business  
 13600 N.W. 19TH AVENUE  
 MIAMI FL 33054

Mailing Address  
 13600 N.W. 19TH AVENUE  
 MIAMI FL 33054

2. Principal Place of Business  
**13600 NW 19th Ave**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc. **MIAMI**  
**FL**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0746946**

Applied For  
 Not Applicable

Zip **33054** Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**NELSON, BENJAMIN**  
**13600 N.W. 19TH AVENUE**  
**MIAMI FL 33054**

## 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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** ☐ Delete  
 NAME **NELSON, BENJAMIN**  
 STREET ADDRESS **13600 N.W. 19TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33054**

TITLE **S** ☐ Delete  
 NAME **NELSON, CECILIA**  
 STREET ADDRESS **1631 N.W. 175 STREET**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **T** ☐ Delete  
 NAME **BAPTISE, DANNY**  
 STREET ADDRESS **1631 N.W. 175 STREET**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

305 688 3222

Daytime Phone #

CR2E034 (5/00)