

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
 Suite, Apt. #, etc. **miami**
FL
 City & State

3. Mailing Address
SAME
 Suite, Apt. #, etc.
 City & State

Zip **33054** Country

Zip Country

4. FEI Number **65-0746946**

Applied For
 Not Applicable

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

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

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, BENJAMIN	
STREET ADDRESS	13600 N.W. 19TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	S	<input type="checkbox"/> Delete
NAME	NELSON, CECILIA	
STREET ADDRESS	1631 N.W. 175 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAPTISE, DANNY	
STREET ADDRESS	1631 N.W. 175 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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)