

7-003  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91868 030 \*\*\*150.00

0121161

**DOCUMENT # P97000036686**

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

Principal Place of Business Mailing Address  
**13600 NW 19TH AVE 13600 NW 19TH AVE**  
**OPA LOCKA FL 33054 OPA LOCKA FL 33054**

2. Principal Place of Business 3. Mailing Address  
**13600 NW 19 AVE SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**MIAMI FLORIDA**  
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0746946** Applied For  
 Not Applicable

Zip **33054** Country **USA** 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 **BENJAMIN NELSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1631 NW 175 ST**  
 City **MIAMI** FL Zip Code **33169**

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 *Benjamin Nelson* DATE  
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>P</b> <b>NELSON, BENJAMIN</b> <b>13600 N.W. 19TH AVENUE</b> <b>MIAMI FL 33054</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NELSON, CECILIA</b> <b>1631 N.W. 175 STREET</b> <b>MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BAPTISE, DANNY</b> <b>1631 N.W. 175 STREET</b> <b>MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Benjamin Nelson* DATE **APRIL 29, 2003**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)