

7-003
2001 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91868 030 ***150.00

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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

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TITLE	NAME	TITLE	NAME
P <input type="checkbox"/> Delete	NELSON, BENJAMIN 13600 N.W. 19TH AVENUE MIAMI FL 33054	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S <input type="checkbox"/> Delete	NELSON, CECILIA 1631 N.W. 175 STREET MIAMI FL 33169	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T <input type="checkbox"/> Delete	BAPTISE, DANNY 1631 N.W. 175 STREET MIAMI FL 33169	<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: *Benjamin Nelson* APRIL 29, 2003
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)