

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097264

1. Entity Name

CREATIVE CUISINE & WINE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90015 018 ***150.00

Principal Place of Business

Mailing Address

5509 INVERNESS DRIVE
SARASOTA FL 34206

5509 INVERNESS DRIVE
SARASOTA FL 34243-4734

2. Principal Place of Business

11 SUNSET DRIVE

3. Mailing Address

11 SUNSET DRIVE

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECARLE, ARTHUR M
5509 INVERNESS DRIVE
SARASOTA FL 34206

11 SUNSET DRIVE, #103

SARASOTA

FL

Zip Code
34236

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

ARTHUR M. DECARLE

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	DECARLE, ARTHUR M	
STREET ADDRESS	5509 INVERNESS DRIVE	
CITY-ST-ZIP	SARASOTA FL 34206	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECARLE, ARTHUR M	
STREET ADDRESS	11 SUNSET DRIVE, #103	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 the 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 employment.

SIGNATURE:

ARTHUR M. DECARLE

941/364-5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)