## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P97000104263

i. Entity Name

## FILED Feb 22, 2000 8:00 am Secretary of State

N-9 KREATIONS, CORPORATION				02-22-2000 90011 002 ***150.00		
	6 of Business  5919 PLUNKETTST	Mailing Address	19 PLUNICET		Виндехлч	
	S919 PLUMKETTS1 HOLLYWOOD, FL 3302	.3 .3 Ho	ithmas 'th	33°23	<b>BUU23843</b>	
Principal P 59 19 Suite, Apt.		3. Mailing Address 5919 PL/NKA	धार ऽर.	DO NOT W	/RITE IN THIS SPACE	
City & Stat		City & State		4. FEI Number 59-34839	271	Applied For
330		40ccy woo o	Country	5. Certificate of Status Desire	d S8.75	
2.26	6. Name and Address of Current R			7. Name and Address of Ne	Fee Requ	ired
_	d. Name and Address of Content in	egistered Agent	Name			
MIZF -256≡	rachi, noam <del>Bryan rid</del> 5919 Pluy	KETT ST.	Street Addres	ss (P.O. Box Number is Not Accepta	able) STULET	
SUIT	ESOL- HOLLYWOOD	, FL 33.023	>	•		
- 6/41		•		Ly wood	FL Zip C	ode 5023
 ≏ The above	named entity submits this statement for t	the purpose of changing its re				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: R	egistered Agent signature req	uired when reinstating)	DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.		FEE IS \$150.00 Fee will be \$550.0 to Department of \$		" — +-	5.00 May Be ded to Fees
i.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO (	OFFICERS AND DIRECTO	ORS IN 11
HLE	PSD MIZRACHI, NOAM 250 RRYAN RD 5919 PLW	□ Delete	TITLE NAME		☐ Chang	ge 🔲 Addition
: =: ST-ZIP	PANIA EL PROPA MOLLE WAS	D FC 33023	STREET ADDRESS CITY-ST-ZIP			
IIILE	DANIA TE 33004 PE S S T S S S S S S S S S S S S S S S S	Delete	TITLE		☐ Chang	ge 🔲 Addition
TREET ADORESS CITY-ST-ZIP		_	NAME STREET ADDRESS CITY-ST-ZIP	. was the second		
TITLE		☐ Delete	TITLE		Chang	ge Addition
NAME Street annress			NAME STREET ADDRESS			
CITY ST ZIP		☐ Delete	CITY-ST-ZIP  TITLE  NAME		☐ Chang	ge 🔲 Addition
SIBEEL ANDRESS			STREET ADDRESS CITY-ST-ZIP			
IfLE		☐ Delete	TITLE NAME		☐ Chang	ge Addition
STREET ANNRESS			STREET ADDRESS CITY-ST-ZIP			
IIILE		☐ Delete	TITLE - NAME		☐ Chang	ge Addition
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP			
ST-ZIP  13. I hereby of indicated of the cor	certify that the information supplied with to on this report or supplemental terrart is to poration or the receiver or a ustage impovers.	his filing does not qualify for the rue and accurate and that my wered to execute this report as	e exemption stated in	section 119.07(3)(i), Florida Statut he same legal effect as if made und 607, Florida Statutes; and that my n	es. I further certify that th ler oath; that I am an offic ame appears in Block 1*	e information per or director f or Block 12