## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016266  1. Entity Name WARRIOR CONSTRUCTION & DEVELOPMENT CORP.					Apr 26, 2001 8:00 am Secretary of State 04-26-2001 90316 008 ***150.00			
Principal Place of Business 701 BRICKELL AVE. SUITE 3120 MIAMI FL 33131		Mailing Address  701 BRICKELL AVE. SUITE 3120 MIAMI FL 33131			000010			
Principal Place of Business     1221 BRICKELL AVE     Suite, Apt. #, etc.		3. Mailing Address 1221 BRICKELL AVE Suite, Apt. #, etc.		3	DO NOT WRITE IN THIS SPACE			
SUITE 900 MYAMT, FL		SUITE 900 City & State MIAMI, FL			4. FEI Number 65-0812901 Applied For			
Zip 33131		Zip 33131	Country		5. Certificate of Status Desired			
	6. Name and Address of Current R		l		7. Name and Address of New F	Fee Requi	ted	
CORPORATE CREATIONS ENTERPRISES INC.					ddress (P.O. Box Number is Not Acceptable)			
SUITE 211 PALM BEACH GARDENS FL 33418			City	City Zip Code				
Tax filing r (See criter	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 20 Make Check Paya	ble to Depart	be \$550.00	10. Election Campaign Fi Trust Fund Contribution	nancing \$5 on.	.00 May Be ded to Fees	
11.	OFFICERS AND I	<u>_</u>	12.	PD	ADDITIONS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	FARKAS, MICHAEL D 701 BRICKELL AVE., SUITE 3120 MIAMI FL 33131	□ Delete	NAME STREET ADD	FAI	RKAS, MICHAEL D 21 BRICKELL AVE, AMI, FL 33131	₹ Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLIMEO, VICTOR 701 BRICKELL AVENUE, SUITE 3 MIAMI FL 33131	□ Delete	TITLE NAME STREET ADD CITY-ST ZI	PRESS   VP SOI 12:	LIMEO, VICTOR 21 BRICKELL AVE,	SUITE 900		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOLIMEO, URSULA 701 BRICKELL AVENUE, SUITE 3120			DRESS ST SOI 12:	AMI, FL 33131 LIMEO, URSULA 21 BRICKELL AVE,	X Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS	<del>MI, FL 33131</del>	Chang	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-7	1		☐ Chanų	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD: CITY-ST-Z			☐ Chan	ge 🔲 Addition	
indicated of the co	certify that the information supplied with d on this report or supplemental report is reportation or the receiver or trustee empty, or on an attachment with an address,	strue and accurate and that owered to execute this repor	my signature : rt as required b	shall have the	e same legal effect as if made unde	r oath; that I am an off	icer or director	

SIGNATURE: Which and type or Printed Name of SIGNING OFFICER OR DIRECTOR DIRECTOR Date Date Date Date Description of Phone #