2000 UNIFORM BUSINESS REPORT (UBR)

09-19-2000 90001 014 ***550.00

DOCUMENT # P98000016525

P97000103260

1. Entity Name

CREATIVE HOLDING, INC.

FILED

00 SEP 19 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7600 Plantation Rd Plantation, Fl. 33324	7600 Plantation Road Plantation, Fl 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65- 0815221

Applied For

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Edmond-Benzaquen 7600 Plantation Road Plantation, Fl. 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: _____
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) Date

9. The above named entity is eligible to satisfy its intangible personal property requirement and elects to do so. (See page 2 for more info) ☐

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
	PST Edmond Benzaquen 7600 Plantation Rd. Plantation. Fl. 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. Pursuant to Section 119.07(3)(i), Florida Statutes, 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 12 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

9/19