

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90054 037 ***150.00

0301477

DOCUMENT # P98000022814

1. Entity Name

FONTANA-CREATING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1735 COSTA DEL SOL
 BOCA RATON FL 33432
 US

1735 COSTA DEL SOL
 BOCA RATON FL 33432
 US

2. Principal Place of Business

3. Mailing Address

134 NW 16 Street

134 NW 16 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #6

Suite #6

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Zip

33432

33432

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONTANA, PAULA A
 3939 NE 5 AVE
 B102
 BOCA RATON FL 33431

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 Paula A. Fontana

March 26, 2001

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, 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

TITLE ☐ Delete
 NAME PSTD
 STREET ADDRESS FONTANA, PAULA A
 CITY-ST-ZIP 3939 NE 5 AVE B102
 BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Paula A. Fontana
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2001
 Date

561-338-0023
 Daytime Phone #

CR2E034 (10/00)