

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023979

1. Entity Name

CREATIVE LIFESTYLES, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90073 004 ***150.00

Principal Place of Business

3715 NW 91 LANE
SUNRISE FL 33351
US

Mailing Address

3715 NW 91 LANE
SUNRISE FL 33351-6448
US

2. Principal Place of Business

8030 NW 47 CT.

Suite, Apt. #, etc.

LAUDERHILL FL

City & State

3. Mailing Address

8030 NW 47 CT.

Suite, Apt. #, etc.

LAUDERHILL FL

City & State

Zip

33351

Country

USA

Zip

33351

Country

USA

6. Name and Address of Current Registered Agent

NISSENFELD, ROBERT H H
3715 NW 91 LN
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8030 NW 47 CT.

City

LAUDERHILL

FL

Zip Code

33351

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, 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

TITLE **DPS** ☐ Delete
NAME **NISSENFELD, ROBERT H**
STREET ADDRESS **3715 NW 91 LN**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8030 NW 47 CT.**
CITY-ST-ZIP **LAUDERHILL FL 33351**

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

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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:

Robert H. Nissenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. NISSENFELD 4/10/00 (954) 785-2220
Date Daytime Phone #

CR200004 (9/99)