

2001 UNIFORM BUSINESS REPORT (UBR)

0049338 AV

DOCUMENT # P98000033160

1. Entity Name

CREATIVE INVESTORS, INC.

850-245-6059

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -5 PM 1:23

Principal Place of Business

920 N.E. 181ST STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

920 N.E. 181ST STREET
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

03-12-01 90506 014 \$158.75

4. FEI Number

65-0827170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ADA E

920 N.E. 181ST STREET

NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Arlene Rodriguez

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

920 NE 181 street

City

N. Miami Bch,

FL

Zip Code

33162

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

Arlene Rodriguez

7-2-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PSTD RODRIGUEZ, ADA E 920 N.E. 181ST STREET NORTH MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RODRIGUEZ, ARLENE 920 N.E. 181ST STREET NORTH MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RODRIGUEZ, RAUL 920 N.E. 181ST STREET NORTH MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RODRIGUEZ, EVA E 920 N.E. 181ST STREET NORTH MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, ALINA-GARCIA 920 N.E. 181ST STREET NORTH MIAMI BEACH FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Arlene Rodriguez 920 NE 181 St. NMB, FL 33162 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Ada E. Rodriguez 920 NE 181 St. NMB, FL 33162 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Alina Rodriguez 920 NE 181 St. NMB, FL 33162 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Arlene Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-01

Date

305-654-9057

305-654-1222

CR2E034 (5/01)

CREATIVE INVESTORS
920 NORTHEAST 181 STREET
NORTH MIAMI BEACH, FLORIDA 33162
305-654-9657 / 305-725-6222

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CREATIVE INVESTORS
2001 UBR
FEI #65-0827170

Dear Sirs:

Attached please find a newly completed 2001 UBR form. Via telephone conference earlier today I was advised that your offices had returned the form that I completed in March, 2001 due to missing signature. Since I never received same, I was advised to resubmit a new UBR form with the proper signatures. Additionally, I have attached a copy of the cancelled check for 2001 fees and certificate of status. Please forward certificate to me once all paperwork has been received.

If you have any questions or concerns please feel free to call me at the above phone numbers.

Respectfully,

A handwritten signature in cursive script, reading "Arlene Rodriguez". The signature is written in dark ink and is positioned above the printed name and title.

ARLENE RODRIGUEZ, President
CREATIVE INVESTORS, INC.