

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90004 010 \*\*\*158.75

**DOCUMENT # P98000040486**

1. Entity Name  
**CREATIVE ACCENTS, INC.**

Principal Place of Business

1701 W 31ST PLACE  
 HIALEAH FL 33012

Mailing Address

1701 W 31ST PLACE  
 HIALEAH FL 33012-4507

2. Principal Place of Business

**1701 West 31 Place**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hialeah Florida**

City & State

4. FEI Number

**65-0833643**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

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

**NUSSBAUM, ROBERT**  
**7800 SW 141ST STREET**  
**MIAMI FL 33158**

Name **Dwight D. Santiago**

Street Address (P.O. Box Number is Not Acceptable)  
**1422 Coruna Avenue**

City **Coral Gables**

**FL**

Zip Code **33156**

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

**Robert Nussbaum** Vice Pres. **4/27/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
 NAME **SANTIAGO, DWIGHT D**  
 STREET ADDRESS **1422 CORUNA AVE.**  
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **V**  
 NAME **NUSSBAUM, ROBERT G**  
 STREET ADDRESS **7800 SW 141ST STREET**  
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **Secretary**  
 NAME **Dwight D. Santiago**  
 STREET ADDRESS **1422 Coruna Ave.**  
 CITY-ST-ZIP **Coral Gables FL 33156**

TITLE  
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 STREET ADDRESS  
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Nussbaum** **4/27/00** **305 817 1952**

**Dwight D. Santiago** **5/26/00** **305 817 1952**

CR2E034 (9/99)