

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092139

1. Entity Name

CREATIVE FINANCIAL SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90067 044 ***150.00

Principal Place of Business

7880 N. UNIVERSITY DRIVE
 SUITE 100
 TAMARAC FL 33321

Mailing Address

7880 N. UNIVERSITY DRIVE
 SUITE 100
 TAMARAC FL 33321-2124

2. Principal Place of Business

8751 W. Broward Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

Plantation FL

City & State

Zip

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6. Name and Address of Current Registered Agent

Schwartz, Harvey

7880 N. UNIVERSITY DRIVE
 SUITE 100
 TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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

8751 W. Broward Blvd.
 Suite 207

City

Plantation

FL

Zip Code

33324

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	D	<input type="checkbox"/> Delete
NAME	Schwartz, Harvey	
STREET ADDRESS	7880 N. UNIVERSITY DRIVE, SUITE 100	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8751 West Broward Blvd.	
STREET ADDRESS	#207	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Harvey Schwartz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 954-916-2400
 Date Daytime Phone #

CR2E034 (9/99)