2000 UNIFORM BUSINESS REPORT (UBR)

MODIL OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000094519 Mar 24, 2000 8:00 am Secretary of State LOVE CREATIONS, INC. 03-24-2000 90121 040 ***150.00 Mailing Address Principal Place of Business 169 FLAGER ST. 169 FLAGER ST. **STE 600 STE 600** MIAMI FL 33132 MIAMI FL 33131-1201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0874394 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA, BENITO Street Address (P.O. Box Number is Not Acceptable) 169 E. FLAGER ST. STE 600 MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After M/AY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE GARCIA, BENITO NAME NAME STREET ADDRESS 169 E. FLAGER ST. STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33131** ☐ Addition Change Delete TITLE TITLE GARCIA, RAFAEL NAME NAME STREET ADDRESS 169 E. FLAGER ST. STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition ___ Change Delete ----JITLE MIRANDA, ELVIRA NAME NAME STREET ADDRESS 169 E. FLAGER ST. STE. 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition Change ☐ Delete TITLE GARCIA, IDELISA M NAME NAME 169 E. FLAGER ST. STE. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 art 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.