

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90162 036 \*\*\*150.00

0271273

**DOCUMENT # P98000106749**

1. Entity Name

**CREATIVE GARDENS AT WESTON, INC.**

Principal Place of Business

**359 LAKE VIEW DRIVE.  
 SUITE 203  
 WESTON FL 33326**

Mailing Address

**359 LAKE VIEW DRIVE.  
 SUITE 203  
 WESTON FL 33326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**359 Lakeview Dr**

3. Mailing Address

**359 Lakeview Dr**

Suite, Apt. #, etc.

**#203 Blg 45**

Suite, Apt. #, etc.

**#203 Blg 45**

City & State

**Weston, Florida**

City & State

**Weston, Florida**

Zip

**33326**

Country

**U.S.A**

Zip

**33326**

Country

**U.S.A**

4. FEI Number

**65-0885908**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GANDICE, GONZALO  
 359 LAKEVIEW RIVE, #203  
 WESTON FL 33326**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/06/01**

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, 2001 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 **PD** ☐ Delete  
 NAME **GANDICA, GONZALO**  
 STREET ADDRESS **359 LAKE VIEW DRIVE, SUITE 203**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/06/01 (454) 325 2530**  
 Date Daytime Phone #

CR2E034 (10/00)