2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000107335 1. Entity Name CDEATIVE EIRERGIAGE & WATER CEATHREE MIC

FILED Mar 17, 2000 8:00 am Secretary of State

CHEATIV	E FIDERICIASS & WATE	n reatones, inc.		03-17-2000 90046 032 ***150.00		
Principal Plac	e of Business	Mailing Address				
6223 WEST 24TH AVENUE UNIT 203 HIALEAH FL 33016		6223 WEST 24TH A UNIT 203 HIALEAH FL 33016-				
2. Principal Place of Business		3. Malling Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Applied For Applied For Not Applied For	ole	
Zip	Country	Zip .	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Cui	rent Registered Agent		7. Name and Address of New Registered Agent	_	
	-		Name			
spiegel & Utrera, P.A. 343 Almeria avenue			Street Ac	Address (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134					
			City	FL Zip Code		
SIGNATURE	named entity submits this statement of registered signature, typed or printed name of registered		(NOTE: Registered Agent signatu	or registered agent, or both, in the State of Florida.		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 		After MA	NOW!!! FEE IS \$150.0 Y 1, 2000 Fee will be \$5 Payable to Department	550.00 Trust Fund Contribution.	3	
11,	OFFICERS	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	PSTD JONES, MERY H 6223 WEST 24TH AVENUE	☐ Dele	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIALEAH FL 33016	Dele		☐ Change ☐ Additi	ion	
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TITLE NAME		□ Dele		☐ Change ☐ Additi	ion	

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 attack and the provided in the corporation of the corp

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3-11-00