FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am P99000007984 DOCUMENT # **Secretary of State** 1. Entity Name 03-06-2002 90017 032 ***150.00 MARY'S ARTISTIC CREATIONS, INC. Principal Place of Business Mailing Address 2330 WEST 60TH STREET. #22 2330 WEST 60TH STREET. #22 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #; etc. ----DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0899740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ. MARIA E Street Address (P.O. Box Number is Not Acceptable) 2330 WEST 60TH STREET, #22 HIALEAH FL 33016 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. 12 **DPT** TITLE TITLE Addition ☐ Delete NAME RODRIGUEZ, MARIA E NAME STREET ADDRESS 2330 WEST 60TH STREET, #22 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP DVS ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME RODRIGUEZ, JOSUE 2330 WEST 60TH STREET, #22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 w SIGNATURE: