

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90064 002 ***150.00

DOCUMENT # P99000015975

1. Entity Name

ASTRID CREATIVE ENDEAVORS, INC.

Principal Place of Business

**700 N.E. 63RD STREET
 SUITE D-405
 MIAMI FL 33138**

Mailing Address

**700 N.E. 63RD STREET
 SUITE D-405
 MIAMI FL 33138**

2. Principal Place of Business

2520 SW 22nd St

3. Mailing Address

2520 SW 22nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

229

229

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33145-3438

USA

33145-3438

USA

4. FEI Number **65-0908624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUGO, ELMO R
 700 N.E. 63RD STREET
 SUITE D-405
 MIAMI FL 33138**

Name **Vega, Astrid M.**

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

2520 SW 22nd St. # 229

City **Miami**

FL

Zip Code **33145-3438**

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

Astrid M. Vega, Astrid M. Vega, President

04/28/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **VEGA, ASTRID M**
 STREET ADDRESS **700 NE 63ND ST STE D405**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☒ Change ☐ Addition
 NAME **2520 SW 22nd St. #229**
 STREET ADDRESS **Miami, FL 33145-3438**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **LUGO, ELMO R**
 STREET ADDRESS **700 NE 63RD ST STE D405**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☒ Change ☐ Addition
 NAME **2520 SW 22nd St. #229**
 STREET ADDRESS **Miami, FL 33145-3438**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Astrid M. Vega, Astrid M. Vega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/01

Date

(201) 313-1381

Daytime Phone #

CR2E034 (10/00)