

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016518

1. Entity Name

AWARD CREATIONS, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90112 038 ***150.00

Principal Place of Business

2255 GLADES ROAD
SUITE 236W
BOCA RATON FL 33431

Mailing Address

2255 GLADES ROAD
SUITE 236W
BOCA RATON FL 33431-7391

2. Principal Place of Business

1447 BANKS ROAD

Suite, Apt. #, etc.

3. Mailing Address

1447 BANKS ROAD

Suite, Apt. #, etc.

City & State

MARGATE FLA

City & State

MARGATE FL

4. FEI Number

65-0896975

Applied For

Not Applicable

Zip

Country

33063 USA

Zip

Country

33063 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, ROBERT C
2255 GLADES ROAD
SUITE 236W
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

JOHN FORTI

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

1447 BANKS ROAD

City

MARGATE

FL

Zip Code

33063

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	FORTI, JOHN	
STREET ADDRESS	21203 SHADY VISTA LANE	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN FORTI	
STREET ADDRESS	1447 BANKS ROAD	
CITY - ST - ZIP	MARGATE FL 33063	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN S. FORTI	
STREET ADDRESS	1447 BANKS ROAD	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/25/00

Date

954 979 0038

Daytime Phone #

CR2E034 (9/99)