

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035152

1. Entity Name
ELEGANT CREATIONS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90164 033 ***150.00

Principal Place of Business
69 EAST 14TH STREET
HIALEAH FL 33010

Mailing Address
69 EAST 14TH STREET
HIALEAH FL 33010-3541

2. Principal Place of Business
6840 Main Street

3. Mailing Address
6840 Main Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

4. FEI Number
65-0919745

Applied For
Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, PATRICIA M
69 EAST 14TH STREET
HIALEAH FL 33010

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, PATRICIA M			NAME			
STREET ADDRESS	69 EAST 14TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, PATRICIA M			NAME			
STREET ADDRESS	69 EAST 14TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
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NAME				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 with an address, with all other like empowered.

SIGNATURE: *Patricia Rodriguez* **Patricia Rodriguez** (305) 823-9198
Date: 1/28/00 Daytime Phone #

CR2E034 (9/99)