

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000060161****1. Entity Name**
CREATIVE DESIGNS ARTWORK & FRAMING, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90006 044 ***150.00

Principal Place of Business**431 N ANDREWS AVE**
FORT LAUDERDALE FL 33301
US**Mailing Address****431 N ANDREWS AVE**
FORT LAUDERDALE FL 33301
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0950831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****TRACE, BROOKE C**
431 N ANDREWS AVE
FORT LAUDERDALE FL 33301**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**

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****P** ☐ Delete
TRACE, BROOKE C
431 N ANDREWS AVE
FORT LAUDERDALE FL 33301☐ Delete
VTS
FITZPATRICK, PAUL T
431 N ANDREWS AVE
FORT LAUDERDALE FL 33301☐ Delete

CITY-ST-ZIP☐ Delete

CITY-ST-ZIP☐ Delete

CITY-ST-ZIP☐ Delete

CITY-ST-ZIP**12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)