

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0615408

DOCUMENT # P99000066292

1. Entity Name

THE CREATIVE EVENT GROUP CORPORATION

05-17-2001 91012 001 ***150.00

05-17-2001 91012 002 *****8.75

Principal Place of Business

13899 BISCAYNE BLVD.
 SUITE 314
 MIAMI FL 33181

Mailing Address

PO BOX 3541
 HIALEAH FL 33013

71811

2. Principal Place of Business

600 Brickell Ave

Suite, Apt. #, etc.

700

City & State

MIAMI

3. Mailing Address

600 Brickell Ave

Suite, Apt. #, etc.

700

City & State

FLORIDA

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number 65-0936159

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ-COFINO, JOSEFINA
 5040 NW 7TH STREET
 SUITE 211-212
 MIAMI FL 33126

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

TITLE PD
 NAME ANDERSON, DIONNE M
 STREET ADDRESS 2851 E 8TH AVE
 CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

TITLE VDSC
 NAME ANDERSON, DR. ESTEBAN
 STREET ADDRESS 2851 E 8TH AVENUE
 CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
 NAME Gardner, Stephen P.
 STREET ADDRESS 3530 Mistic Point Dr Bldg 500 #808
 CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

TITLE C.D./C.F.O.
 NAME ANDERSON, DR. ESTEBAN
 STREET ADDRESS 2851 E. 8th Ave.
 CITY-ST-ZIP Hialeah, FL 33013 ☒ Change ☐ Addition

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

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

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

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

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:

Dr. Esteban Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/01 (305) 693-0484
 Date Daytime Phone #

CR2E034 (10/00)