FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90104 001 *****8.75
05-19-2002 90104 002 ***150.00

DOCUMENT # P99000066292 ✓

1. Entity Name
The Creative Event Group Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8004 NW 154th St.	8004 NW 154th St.
Suite, Apt. #, etc. Suite 114	Suite, Apt. #, etc. Suite 114
City & State Miami Lakes FL	City & State Miami Lakes FL
Zip 33016 Country USA	Zip 33016 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936159 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Perez-Cofino, Josefina

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

5040 N.W 7 Street Ste 211-212

City Miami FL Zip Code 33126

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Anderson, Dionne M.
STREET ADDRESS	2-851 E. 8th Ave
CITY-ST-ZIP	Hialeah, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SVP
NAME	Stephen P. Gardner (apt. 808)
STREET ADDRESS	3530 Mystic Pointe Dr. Bldg 500
CITY-ST-ZIP	Aventura FL 33180
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Dionne M Anderson 04/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dionne M Anderson, President