2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000075714 Mar 17, 2000 8:00 am 1. Entity Name CREATIVE ENTREPRENEURS CORPORATION OF AMERICA **Secretary of State** 03-17-2000 90008 002 ***150.00 Principal Place of Business Mailing Address 2600 SW 3RD AVENUE, SUITE 800-B 2600 SW 3RD AVENUE, SUITE 800-B MIAMI FL 33129-2326 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 1520 NW 111 St 520 N.W. 111 37 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. NORTH M WORTH MUMA Applied For City & State City & State 4. FEI Number 65-0945261 **3**3/67 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEIDMAN, MARVIN B Street Address (P.O. Box Number is Not Acceptable) 2600 SW 3RD AVENUE, SUITE 800-B **MIAMI FL 33129** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ■ Addition D TITLE ☐ Delete TITLE SEIDMAN, MARVIN B ESQ NAME NAME STREET ADDRESS 2600 SW 3RD AVENUE, SUITE 800-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Change Addition Delete TITLE yelates. David, crystalb. NAME STREET ADDRESS STREET ADDRESS outh MIAMI, PC 33/67 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE 3- VALGOD VALCIN, Gregoria S. NAME STREET ADDRESS STREET ADDRESS MIDMI PC 3250 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME 1475 NE 121 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MOMAN, PC 33161 ☐ Change Delete TITLE Addition TITLE ADAMS, ROBERT NAME NAME 1990 N.W. 2058 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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: Managed and Trees on performs NAME OF SIGNATURE OF SIGNATUR