

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076925

1. Entity Name

CREATIVE ZONE, CORP.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90058 040 \*\*\*150.00

Principal Place of Business

9200 S. DADELAND BLVD.  
 SUITE 603  
 MIAMI FL 33156

Mailing Address

9200 S. DADELAND BLVD.  
 SUITE 603  
 MIAMI FL 33156-2714

2. Principal Place of Business

9405 N.W. 49th St.  
 Suite, Apt. #, etc.  
 MIAMI

City & State

MIAMI, FL 33166

Zip Country  
 33166 USA

3. Mailing Address

9405 N.W. 49th CT  
 Suite, Apt. #, etc.

MAIL Box B2

City & State

SUNRISE, FL 33351-7708

Zip Country  
 33351-7708 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0944559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.  
 9200 S. DADELAND BLVD.  
 SUITE 603  
 MIAMI FL 33156

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ALVARADO, GUSTAVO N 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVARADO, GUSTAVO N, DPT (305) 463-53-29

Date Daytime Phone #

April 20, 2000