

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092744

1. Entity Name

FLORIDA CREATIVE CONSULTANTS, INC.

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90101 015 ***150.00

Principal Place of Business

12195 SW 94TH AVENUE
MIAMI FL 33176

Mailing Address

12195 SW 94TH AVENUE
MIAMI FL 33176

UUUUUUUUUU

2. Principal Place of Business

6651 Cow Pen Rd
Suite, Apt. #, etc.
#203
City & State
Miami Lakes FL
Zip
33014
Country
USA

3. Mailing Address

6651 Cow Pen Rd
Suite, Apt. #, etc.
#203
City & State
Miami Lakes FL
Zip
33014
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAFER, PATRICIA
12195 SW 94TH AVENUE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
Harley D. Berkant
Street Address (P.O. Box Number is Not Acceptable)
6651 Cow Pen Rd Apt 203
City
Miami Lakes FL Zip Code
33014

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)

1/9/01
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 NAME STREET ADDRESS CITY-ST-ZIP	D SAFER, PATRICIA 12195 SW 74 AVE MIAMI FL 33176	<input checked="" 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
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
PRESIDENT Harley D. Berkant 6651 Cow Pen Rd Apt 203 Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" 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
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

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

1/9/2001
Date

Daytime Phone #

CR2E034 (10/00)