

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098881

1. Entity Name

CREART DESIGN, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90011 035 \*\*\*550.00

Principal Place of Business

6424 RALEIGH ST., #3115  
 ORLANDO FL 32835

Mailing Address

6424 RALEIGH ST., #3115  
 ORLANDO FL 32835

A0078216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2321 LAKE DEBRA DRIVE

3. Mailing Address

2321 LAKE DEBRA DRIVE

Suite, Apt. #, etc.

APT. #325

Suite, Apt. #, etc.

APT. #325

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3610507

Applied For

☒ Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOLEDO, FRANCISCO A  
 2354 ROBERT TRENT JONES DR., #334  
 ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

2309 LAKE DEBRA DRIVE APT. #214

City

ORLANDO

FL

Zip Code

32835

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PVTS	<input type="checkbox"/> Delete
NAME	TOLEDO, FRANCISCO A	
STREET ADDRESS	2354 ROBERT TRENT JONES DR., #334	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLEDO, FRANCISCO A	
STREET ADDRESS	2354 TRENT JONES DR., #334	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2309 LAKE DEBRA DRIVE APT. # 214	
CITY-ST-ZIP	ORLANDO, FLORIDA, 32835	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2309 LAKE DEBRA DRIVE APT. # 214	
CITY-ST-ZIP	ORLANDO, FLORIDA, 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

09.11.2000

Date

(407) 296 6826

Daytime Phone #

CR2E034 (5/00)