

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102991

1. Entity Name

CREATIVE IDEAS MARKETING & CONSULTING, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90058 043 ***150.00

Principal Place of Business

Mailing Address

23399 SERENE MEADOW DRIVE SOUTH
BOCA RATON, FL 33428

23399 SERENE MEADOW DRIVE SOUTH
BOCA RATON, FL 33428

947501

2. Principal Place of Business

3. Mailing Address

10180 Camino Del Dios

10180 Camino Del Dios

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Delray Beach

City & State

City & State

FL

Delray Beach - FL

4. FEI Number 65-0981131

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

33446

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARIMANI, MARDJAN

23399 SERENE MEADOW DRIVE SOUTH
BOCA RATON FL 33428

Name

Same

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

10180 Camino Del Dios

City

Delray Beach - FL

FL

Zip Code

33446

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!!! FEI IS \$150.00
After MAY 1, 2001 FEI 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BARIMANI, MARDJAN
STREET ADDRESS 23399 SERENE MEADOW DRIVE SOUTH
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE Same
NAME Same
STREET ADDRESS 10180 Camino Del Dios
CITY-ST-ZIP Delray Beach FL 33446 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 person or persons 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 shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person or persons 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

4/11/01

561-368-0000

Date

Daytime Phone #

CR2E034 (10/00)