2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # \$19997** 1. Entity Name CREATIVE INTERVENTIONS, INC. 04-23-2001 90127 035 ***150.00 Principal Place of Business Mailing Address 12900 SW 79 ST 12900 SW 79 ST MIAMI FL 33183 MIAMI FL 33183 US US 2. Principal Place of Business 3. Mailing Address 11326 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0713725 Not Applicable \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent oreno CALAFELL-FLERES, ELSIE Street Addre 12900 SW 79 ST **MIAMI FL 33183** Zip Code 33/76 purpose of changing its registere The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPST ☐ Addition X Change TITLE Delete TITI F NAME CALAFELL-FLERES, ELSIE NAME STREET ADDRESS STREET ADDRESS 12400 SW 79TH ST. CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33183 Addition **Change** Delete TITLE TITLE CALAFELL, PETER NAME NAME STREET ADDRESS 13380 G SW 91ST TERR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR