

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90141 009 ***150.00

01/19/06

DOCUMENT # S84762

1. Entity Name

CREATIVE HANDS SCREEN PRINTING, INC.

Principal Place of Business

Mailing Address

**6011 SW 8TH STREET
 MIAMI FL 33144
 US**

**6011 SW 8TH STREET
 MIAMI FL 33144
 US**

2. Principal Place of Business

3. Mailing Address

6011 S.W. 8th Street

6011 S.W. 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

miami, FL.

Miam, FL.

Zip

Country

Zip

Country

33144

U.S.A.

33144

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, JUAN
 240 N.W. 62ND AVE.
 MIAMI FL 33126**

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: **FERNANDEZ, JUAN**
 STREET ADDRESS: **240 NW 62ND AVE.**
 CITY-ST-ZIP: **MIAMI FL 33126**

TITLE: Change Addition

TITLE: Delete
 NAME: **VP FERNANDEZ, EDURADO**
 STREET ADDRESS: **240 NW 62ND AVE**
 CITY-ST-ZIP: **MIAMI FL 33126**

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: 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 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 a true address with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ DAYTIME PHONE # _____

CR2E034 (10/00)