

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


2/31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05-05-2003 \$199.00
03 MAY 29 AM 11:16 ***165.00

DOCUMENT # S84762

1. Entity Name
CREATIVE HANDS SCREEN PRINTING, INC.



Principal Place of Business
6011 SW 8TH STREET
MIAMI FL 33144
US

Mailing Address
6011 SW 8TH STREET
MIAMI FL 33144
US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0298848**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Eduardo Fernandez**

Street Address (P.O. Box Number is Not Acceptable)
240 NW 62nd Avenue

City **Miami** FL Zip Code **33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, JUAN	
STREET ADDRESS	240 NW 62ND AVE.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, EDURADO	
STREET ADDRESS	240 NW 62ND AVE	
CITY-ST-ZIP	MIAMI FL 33126	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE:  DATE **1/31/03** TELEPHONE NO. **305-264-7040**

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

per Puta 1/31/03