2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE:

Jan 16, 2002 8:00 am Secretary of State V04442 DOCUMENT # 1. Entity Name SAND CREEK CORP. 01-16-2002 90064 014 ***150.00 Principal Place of Business Mailing Address 6517 NW 78TH PLACE 6517 NW 78TH PLACE PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 98-0122000 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIRSCHBERG, HERBERT Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET SUITE 5 HOLLYWOOD FL 33021 Zip Code City 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 DATE 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 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Delete TITLE SCHNEIDER, GERALD NAME NAME STREET ADDRESS 6517 NW 78TH PLACE STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ 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 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 deceiver 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

FILED