

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90006 040 ****79.90

(LA)

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DOCUMENT # N 99000007067
 1. Entity Name
CREAR INSTITUTE O.N.G. CORP.

Principal Place of Business Mailing Address
782 NW - 42 Av.
SUITE 638
MIAMI - FL - 33126

2. Principal Place of Business 3. Mailing Address
6225 SW-129 Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT. 2102

City & State City & State
MIAMI - FLORIDA

Zip Country Zip Country
33183 USA

4. FEI Number Applied For
65-1029655 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Mazza - Martinez & Assoc.

7. Name and Address of New Registered Agent
 Name **VALVERDE, Laura Liliana**
 Street Address (P.O. Box Number is Not Acceptable)
6225 SW. - 129 PL - Unit. 2102
 City **MIAMI** FL Zip Code **33183**

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 **LAURA L. VALVERDE** 07-15-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T <input type="checkbox"/> Delete LAURA LILIANA VALVERDE 6225 SW-129 PLACE UNIT. 2102 MIAMI - FLORIDA - 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <input type="checkbox"/> Delete LUIS MIGUEL CARRETERO 6225 SW-129 PL. - UNIT. 2102 MIAMI - FLORIDA - 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICTOR HUGO MORALES 344 NW- 46 ST. MIAMI - FLORIDA - 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSE M. ZUFFI 600 NE - 36 ST. - SUITE 810 MIAMI - FLORIDA -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KARLA MARTINEZ 13953 SW-66 ST. - AP. 206-B MIAMI - FLORIDA - 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: **LAURA L. VALVERDE**  07-16-01 303-383 7075
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)