#### 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 above, or on an attachment with all other like empowered. PTS

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

# SIGNATURE: ANTHONY STANLEY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# K48575

Entity Name: CREATIVE CREATIONS, INC.

## **Current Principal Place of Business:**

C/O ANTHONY G. STANLEY 4930 NW 15 AVE MIAMI, FL 33142

### **Current Mailing Address:**

C/O ANTHONY G. STANLEY 4930 NW 15 AVE MIAMI, FL 33142

## FEI Number: 65-0088298

## Name and Address of Current Registered Agent:

STANLEY, ANTHONY GPTS 4930 NW 15 AVE. MIAMI, FL 33142 US

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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	PTS	Title	VP
Name	STANLEY, ANTHONY	Name	HUZZIE, DONALD L.
Address	4930 NW 15 AVE.	Address	4303 NW 202 ST
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33054

FILED Apr 13, 2020 Secretary of State 9482724646CC

Certificate of Status Desired: No

04/13/2020

Date