

2001 UNIFORM BUSINESS REPORT (UBR)

2/6/1

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-06-2001 90330 025 ****61.25

DOCUMENT # N49924

1. Entity Name

THE CENTER FOR CREATIVE CONSCIOUSNESS, INC.

Principal Place of Business

Mailing Address

19610 WEST LAKE DRIVE
 MIAMI FL 33015

19610 WEST LAKE DRIVE
 MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0396543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, CLAIRE
19610 WEST LAKE DRIVE
MIAMI FL 33015

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: ANDERSON, CLAIRE
 STREET ADDRESS: 19610 WEST LAKE DRIVE
 CITY-ST-ZIP: MIAMI FL 33015

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: ANDERSON, ROBERT
 STREET ADDRESS: 19610 WEST LAKE DRIVE
 CITY-ST-ZIP: MIAMI FL 33015

NAME: BRIAN SHULMAN
 STREET ADDRESS: 19610 W. LAKE DR
 CITY-ST-ZIP: MIAMI FL 33015
 Change Addition

TITLE: D Delete
 NAME: SHULMAN, RUSSELL
 STREET ADDRESS: 19610 W LAKE DR
 CITY-ST-ZIP: MIAMI FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change 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)(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 empowered.

SIGNATURE:

Signature of Claire Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

Date

305-829-4646

Daytime Phone #

C2E037 (10/00)