

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 737748

1. Entity Name

CHRIS HAVEN, INC.

FILED

02 NOV 25 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

729 RIDGE RD

Suite, Apt. #, etc.

729 RIDGE ROAD

City & State

LANYANA, FLORIDA

City & State

LANYANA, FLORIDA

Zip

33462

Country

US

Zip

33462

Country

US

4. FEI Number

58-9249243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA C DITULLIO

Street Address (P.O. Box Number is Not Acceptable)

729 RIDGE ROAD #3

City

LANYANA

FL

Zip Code

33462

**DO NOT WRITE  
IN THIS SPACE**

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

MARIA C DITULLIO

(NOTE: Registered Agent signature required when reinstating)

08/10/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP (DIRECTOR)
NAME	DI TULLIO MARIA C
STREET ADDRESS	729 RIDGE ROAD #3
CITY-ST-ZIP	LANYANA FL 33462
TITLE	PV (DIRECTOR)
NAME	BISON, ANDY
STREET ADDRESS	729 RIDGE ROAD #5
CITY-ST-ZIP	LANYANA, FL 33462
TITLE	DTs (DIRECTOR)
NAME	DOMINQUEZ ROBERTO
STREET ADDRESS	729 RIDGE RD #4
CITY-ST-ZIP	LANYANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	200008604842
CITY-ST-ZIP	10/28/02--01024--016 **\$61.25
TITLE	
NAME	
STREET ADDRESS	200008604842
CITY-ST-ZIP	11/25/02--01032--007 **\$175.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maria C DiTullio*

MARIA C DITULLIO / 08/10/02 / (561) 586-9542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)