

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90177 006 ****70.00

DOCUMENT # N95000001885

1. Entity Name

KRISTI HOUSE, INC.

Principal Place of Business

1400 NW 10TH AVENUE
 SUITE 910
 MIAMI FL 33136

Mailing Address

1400 NW 10TH AVENUE
 SUITE 910
 MIAMI FL 33136-1030

00015945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1265 NW 12th Avenue
 Suite, Apt. #, etc.

3. Mailing Address

1265 NW 12th Avenue
 Suite, Apt. #, etc.

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number
 65-0576650

Applied For
 Not Applicable

Zip Country
 33136

Zip Country
 33136

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

6. Name and Address of Current Registered Agent

WALKER, H. WILLIAM JR.
 200 S. BISCAYNE BLVD.
 SUITE 4900
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *H. William Walker, Jr.*
 Street Address (P.O. Box Number is Not Acceptable)
 501 Brickell Key Drive, Suite 509
 City *Miami* FL Zip Code *33131*

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]* *H. William Walker, Jr.* *1/31/2000*
 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	S WALKER, WILLIAM 200 S BISCAYNE BLVD #4900 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLECKE, BERTA 8750 PONCE DE LEON ROAD MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNCH, MARY 5030 SW 80TH STREET MIAMI FL 33143	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, WELKER 3000 NE 145TH STREET/FIU PDC NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VODICKA, CHUCK 9500 SOUTH DADELAND BLVD., SUITE 200 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, CAROL 9375 SW 60TH AVENUE MIAMI FL 33156	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Brickell Key Drive, Suite 509 Miami, FL 33131
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 checked="" type="checkbox"/> Addition T Amy Sussman 2000 S. Bayshore, Villa 11 Miami, FL 33133
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 empowered.

SIGNATURE: *BERTNA BIRY BLECKE* *1/31/2000* *305-547-6800*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #