

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001885

FILED  
May 10, 2002 8:00 AM  
Secretary of State

Entity Name: KRISTI HOUSE, INC.

**Current Principal Place of Business:**

1265 NW 12TH AVE  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1265 NW 12TH AVE  
MIAMI, FL 33136

**New Mailing Address:**

FEI Number: 65-0576650      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WALKER, H. WILLIAM JR.  
501 BRICKELL KEY DR, STE 509  
MIAMI, FL 33131      US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: WALKER, WILLIAM  
Address: 501 BRICKELL KEY DR, STE 509  
City-St-Zip: MIAMI, FL 33131

Title: P      ( ) Delete  
Name: BLECKE, BERTA  
Address: 8750 PONCE DE LEON ROAD  
City-St-Zip: MIAMI, FL 33143

Title: T      ( ) Delete  
Name: SUSSMAN, AMY  
Address: 2000 S. BAYSHORE, VILLA 11  
City-St-Zip: MIAMI, FL 33133

Title: D      ( ) Delete  
Name: VODICKA, CHUCK  
Address: 9500 SOUTH DADELAND BLVD., SUITE 200  
City-St-Zip: MIAMI, FL 33156

Title: D      ( ) Delete  
Name: NOVAK, CAROL  
Address: 9375 SW 60TH AVENUE  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTA BLECKE

P

05/10/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date