

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 616348

1. Entity Name

CHRISTOM, INC.

FILED

Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90031 021 ***158.75

Principal Place of Business

1141 NORTHEAST 17 WAY
FT LAUDERDALE FL 33304
US

Mailing Address

P. O. BOX 460087
FT LAUDERDALE FL 33346-0087
US

2. Principal Place of Business

2115 N.E. 37 DRIVE
Suite, Apt. #, etc.
#124

3. Mailing Address

P.O. Box 460087
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE, FLORIDA

City & State
FT. LAUDERDALE, FLORIDA

4. FEI Number 65-0060459

Applied For
Not Applicable

Zip 33308 Country USA

Zip 33346 Country USA

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

TOMASELLI, CHRISTINA
1141 NE 17 WAY
FT LAUDERDALE FL 33304

Name CHRISTINA TOMASELLI
Street Address (P.O. Box Number is Not Acceptable)
2115 NORTH EAST 37 DR. #124
City FT. LAUDERDALE FL Zip Code 33308

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 *Christina TomaseLLi* CHRISTINA TOMASELLI V-PRES. 4-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	☒ Delete
NAME	TOMASELLI, ANTHONY J.	
STREET ADDRESS	1141 NE 17 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	☒ Delete
NAME	TOMASELLI, CHRISTINA	
STREET ADDRESS	1141 NE 17 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☒ Delete
NAME	TOMASELLI, ANTHONY J.	
STREET ADDRESS	1141 NE 17 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTS	☒ Change ☐ Addition
NAME	ANTHONY J. TOMASELLI	
STREET ADDRESS	2115 N.E. 37 DRIVE #124	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	V	☒ Change ☐ Addition
NAME	CHRISTINA TOMASELLI	
STREET ADDRESS	2115 N.E. 37 DRIVE #124	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	☒ Change ☐ Addition
NAME	ANTHONY C. TOMASELLI	
STREET ADDRESS	2115 N.E. 37 DRIVE #124	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony J. TomaseLLi* ANTHONY J. TOMASELLI 4-24-00 954-567-9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES./T./S. Date Daytime Phone