

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 018 ***158.75

DOCUMENT #

687636

1. Entity Name

CHRISTINE LINDQUIST & ASSOCIATES INC.

Principal Place of Business

222 SW 15th Road
 Miami, FL 33129

Mailing Address

222 SW 15th Road
 Miami, FL 33129

2. Principal Place of Business

12323 SW 55th St.

3. Mailing Address

12323 SW 55th St.

Suite, Apt. #, etc.

Building 1000, #1010

Suite, Apt. #, etc.

Building 1000, #1010

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33330

Country

U.S.A.

Zip

33330

Country

U.S.A.

4. FEI Number

59-2035819

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Christine Lindquist Adriani
 222 SW 15th Road
 Miami, FL 33129

7. Name and Address of New Registered Agent

Name
 Christine Lindquist Adriani
 Street Address (P.O. Box Number is Not Acceptable)
 12323 SW 55th St.
 Building 1000, #1010
 City Ft. Lauderdale FL Zip Code 33330

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

4/18/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christine Lindquist Adriani 12323 SW 55th St., Bldg.1000 #1010 Ft. Lauderdale, FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Lindquist Adriani

Date

Daytime Phone #

954-252-9989

CR2E034 (9/99)