

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009684 AT

**DOCUMENT # A94000000417**

1. Entity Name  
**THE CRISTELLE GROUP, LTD.**

FILED  
02 MAY -1 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **1700 S. OCEAN BLVD. POMPANO BEACH FL 33062**

Mailing Address: **P.O. BOX 2854 POMPANO BEACH FL 33072**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**

4. FEI Number: **65-0631231**

Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent

**CARDINAL SOUTHERN EQUITIES CORP.  
PHB, 1700 S. OCEAN BLVD.  
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>684306</b>
NAME	<b>CARDINAL SOUTHERN EQUITIES CORPORATION</b>
STREET ADDRESS	<b>PHB, 1700 S. OCEAN BLVD.</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400005554224--1</b>
CITY-ST-ZIP	<b>-05/16/02--01021--013</b>
	<b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *David D. Gilman* **David D. Gilman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: **23 May 02** Daytime Phone #: **854 941 4300**

CR2E003 (9/01)