

2000 UNIFORM BUSINESS REPORT (UBR)

0013604 1

DOCUMENT # A94000000782

1. Entity Name
CDL - CHRISTINAT DIVERSIFIED, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:44

Principal Place of Business 8901 S.W. 150TH PLACE CIRCLE MIAMI FL	Mailing Address 8901 S.W. 150TH PLACE CIRCLE MIAMI FL 33196-1312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0500297		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent KEY CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000043707 CDL - CHRISTINAT DIVERSIFIED, INC. 8901 S.W. 150TH PLACE CIRCLE MIAMI FL	STREET ADDRESS CITY - ST - ZIP	8000003155888--7 -03/03/00--01015--015 ****526.25 ****526.25
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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: *Christinat* **CHRISTINAT** **02/16/00** **731-8570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)