

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000782**

1. Entity Name

CDL - CHRISTINAT DIVERSIFIED, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 22 PM 1:42



Principal Place of Business

**8901 S.W. 150TH PLACE CIRCLE
MIAMI FL**

Mailing Address

**8901 S.W. 150TH PLACE CIRCLE
MIAMI FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3631 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

3631 W. COMMERCIAL BLVD.

DUE BY MAY 1, 2002

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-0500297

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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

FRITZ O.P. CHRISTINAT

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

3631 W. COMMERCIAL BLVD.

City

FT. LAUDERDALE FL

Zip Code

33309

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]
Signature, typed or printed name of registered agent and title if applicable.

FRITZ O.P. CHRISTINAT PRES.

DATE

5 JAN 02

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

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 # **P94000043707**
NAME **CDL - CHRISTINAT DIVERSIFIED, INC.**
STREET ADDRESS **8901 S.W. 150TH PLACE CIRCLE**
CITY-ST-ZIP **MIAMI FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3631 W. COMMERCIAL BLVD.

CITY-ST-ZIP

FT. LAUDERDALE, FL. 33309

STREET ADDRESS

CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRITZ O.P. CHRISTINAT

Date

Daytime Phone #

5 JAN 02
954-731-8570

CR2E003 (9/01)