

2001 UNIFORM BUSINESS REPORT (UBR)

0005763 AF

DOCUMENT # A98000002408

1. Entity Name

CHRISTAL INVESTMENT LTD.

FILED

mf

01 MAR 19 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12455 S.W. 22 TERRACE MIAMI FL 33175	Mailing Address 12455 S.W. 22 TERRACE MIAMI FL 33175
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0890290	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHOMAR, JOSEPH
17439 NW 66 CT
MIAMI FL 33015

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P98000075866
NAME	GENERAL GROUP INC.
STREET ADDRESS	12455 S.W. 22 TERRACE
CITY-ST-ZIP	MIAMI FL 33175

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	300003891549--3
CITY-ST-ZIP	-03/21/01--01101--016
	****150.03 ****150.03

DOCUMENT #	
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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: *Maria R. ...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03-12-01
Date Daytime Phone #

CR2E003 (11/00)