FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State DOCUMENT # F64593 1. Entity Name CRISTAL BUYING OFFICE, INC. 02-27-2002 90097 031 ***150.00 Principal Place of Business Mailing Address % NIEVES OLEMBERG % NIEVES OLEMBERG 800 NW 21ST STREET 800 NW 21ST STREET MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2195714 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **OLEMBERG, NIEVES** Street Address (P.O. Box Number is Not Acceptable) 800 NW 21ST STREET MIAMI FL 33127 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **OLEMBERG, NIEVES** NAME STREET ADDRESS 800 NW 21ST ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME OLEMBERG, ISAAC STREET ADDRESS 800 NW 21ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE □ Change ☐ Addition TITLE ☐ Delete **OLEMBERG, ROBERTO** NAME NAME STREET ADDRESS STREET ADDRESS 800 N.W. 21 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 additional in other like empowered. changed, or on an attachment with an ag with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition