

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90102 021 ***150.00

DOCUMENT # G68152

1. Entity Name

CHRISTINI'S, INC.

Principal Place of Business

Mailing Address

**7600 DR. PHILLIPS BLVD.
 ORLANDO FL 32819**

**7600 DR. PHILLIPS BLVD.
 ORLANDO FL 32819-7231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2356398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTAKOS, CHRIS
 9191 CYPRESS COVE DRIVE
 ORLANDO FL**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHU, TSE SING	
STREET ADDRESS	301 RT. DELAUSANNE	
CITY-ST-ZIP	BELLEVUE, G. SWIT.	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHRISTAKOS, CHRIS	
STREET ADDRESS	9191 CYPRESS COVE DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

407-345-8770

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE