

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90079 029 ***158.75

DOCUMENT # H60383

1. Entity Name

CHRISAL CORP.

Principal Place of Business

**2038 N.W. 22TH ST.
 MIAMI FL 33142**

Mailing Address

**2038 N.W. 22TH ST.
 MIAMI FL 33142**

2. Principal Place of Business

954 SW 87 COURT
 Suite, Apt. #, etc.

3. Mailing Address

954 SW 87 COURT
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33174

Country

Zip

33174

Country

4. FEI Number

59-2561820

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MAGLUTA, MANUEL
954 S.W. 87 CT.
SUITE 500
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

MANUEL MAGLUTA

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

954 SW 87 CT

City

MIAMI FL

FL

Zip Code

33175

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, 2001 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

TITLE **DP** ☐ Delete
 NAME **MAGLUTA, MANUEL**
 STREET ADDRESS **954 S.W. 87 CT.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VS** ☐ Delete
 NAME **MAGLUTA, CHRISTIAN**
 STREET ADDRESS **5151 COLLINS AVE**
 CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 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:

MANUEL MAGLUTA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)