

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001762

1. Entity Name
CRISTOBEL FINANCE, L.L.C.



FILED

03 APR -8 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3324 SOUTH MACDILL AVENUE
TAMPA, FL 33629

Mailing Address
3324 SOUTH MACDILL AVENUE
TAMPA, FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3837875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131-3209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW WITH FEE IS \$50.00
When Check Remits to Florida Department of State
Expires May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
CHRISTOPHER, BRIAN
3324 SOUTH MACDILL AVENUE
TAMPA, FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
200015479402
04/08/03--01075--013 **50.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
MGR
CHRISTOPHER, PAULINE
3324 S. MACDILL AVE.
TAMPA, FL 33629

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Pauline Christopher

3/10/03

(813) 928-2763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)