

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003310

1. Entity Name

CHRISRO ENTERPRISES, LLC

FILED

01 SEP -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1111 PLAZA DRIVE, #430
SCHAUMBURG IL 60173

Mailing Address

1111 PLAZA DRIVE, #430
SCHAUMBURG IL 60173

2. Principal Place of Business

3171 JASMINE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

3171 JASMINE DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach

City & State

Delray Beach FL

4. FEI Number

APPLIED FOR
650930285

Applied For

Not Applicable

Zip

FL 33483

USA

Zip

33483

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000

7. Name and Address of New Registered Agent

Name: MARY ELLEN MITCHELL
Street Address (P.O. Box Number is Not Acceptable): 3171 JASMINE DR
City: Delray Beach FL Zip Code: 33483

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MARY ELLEN MARSHALL	
STREET ADDRESS	3171 JASMINE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

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

DATE: 9/24/01 561 266 5765

Daytime Phone #

0009755

CR2E083 (5/01)

STAPLE CHECK HERE