

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90143 048 ***150.00

B0089061

DOCUMENT # M36629

1. Entity Name
THE CRISTALINA Group, Inc.

May 09, 2000 8:00
Secretary of State
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Principal Place of Business
4128 PAMONA AVE
MIAMI, FL. 33133

Mailing Address
4128 PAMONA AVE
MIAMI, FL.
33133

B0089061

2. Principal Place of Business
4128 PAMONA AVE
Suite, Apt. #, etc.

3. Mailing Address
4128 PAMONA AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
59-2724637

Applied For
Not Applicable

Zip
33133

Country
U.S.A.

Zip
33133

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEISS, GARY
4128 PAMONA AVE
MIAMI, FLA. 33133

7. Name and Address of New Registered Agent
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  GARY H. WEISS, Pres 4/3/00
NOTE: Any change of agent or address must be filed within 30 days of the change.

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

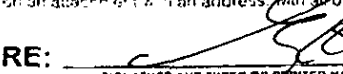
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE DP
NAME WEISS, GARY
STREET ADDRESS 4128 PAMONA AVE
CITY-STATE-ZIP MIAMI, FL. 33133
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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 reported 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 007, Florida Statutes, and that my name appears in Block 11 or Block 12. I am not changing or on an attachment with an address, with all other like empowered

SIGNATURE:  GARY H. WEISS, Pres 4/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 577-3443