May 01 00 08:11a KOCH REISS & CO.

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 CRISTALLINA GROUP, INC.

Principal Place of Business	Mailing Address
4128 PAMONA AVE MIAMI, FL. 33133	4128 PAMONA AVE MIAMI, FL. 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4128 PAMONA AVE	4128 PAMONA AVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33133 Country: U.S.A.	Zip: 3313 Country: U.S.A

4. FEI Number: 59-2724637 ☐ Applied For ☐ Not Applicable

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 [signature], Pres GARY H. WEISS, PRES 4/30/00

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WEISS, GARY 4128 PAMONA AVE MIAMI, FL. 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 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], Pres GARY H. WEISS, PRES 4/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 577-3443