

"AMENDED"

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 31 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M36629

1. Entity Name

THE CRISTALLINA GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2699 S. Bayshore Drive

3. Mailing Address  
2699 S. Bayshore Drive

Suite, Apt. #, etc.  
700

Suite, Apt. #, etc.  
700

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  
USA

Zip  
33133

Country  
USA

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

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
COPRICO, INC.

Street Address (P.O. Box Number is Not Acceptable)  
2699 S. Bayshore Drive, 7th Floor

City Miami FL Zip Code 33133

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.

CORPICO, INC.

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
Borreson, Candy  
1365 Westgate Center Drive, Ste G2  
Winston-Salem, NC 27103

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1000008724981  
10/31/02--01049--005 \*\*61.25

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DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Candy Borreson, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 11, 02 336-760-5000

Date

Daytime Phone #

CR2E034B (12/01)

gr 11/6/02