

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00684**

1. Entity Name

**CRISTINA FOUNDATION, INC.****FILED****Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90085 008 \*\*\*\*61.25

**721876**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address

C/O JOSEPHINE V CAMPO      C/O JOSEPHINE V CAMPO  
1605 COTTAGEWOOD DR.      1605 COTTAGEWOOD DR.  
BRANDON FL 33510      BRANDON FL 33510-2816

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-2439694**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

CAMPO, JOSEPHINE V.  
1605 COTTAGEWOOD  
BRANDON FL 33510

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS      11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	CAMPO, RAMON F	1605 COTTAGEWOOD	BRANDON, FL 00000				
DT	CAMPO, JOSEPHINE V.	1605 COTTAGEWOOD	BRANDON FL				
D	EKONOMOU, DIANA	907 OAK HOLLOW CT.	BRANDON FL				

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Josephine V. Campo*      **4/20/00**      **813)689-5025**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #