

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/3

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90068 028 \*\*\*150.00

DOCUMENT # P00000032131

1. Entity Name

CRISTINA'S GIFT COLLECTION, INC.

Principal Place of Business

5958 W. 16TH AVE.  
 HIALEAH FL 33012

Mailing Address

5958 W. 16TH AVE.  
 HIALEAH FL 33012

2. Principal Place of Business

5958 W 16 AVE

3. Mailing Address

5958 W 16TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL 33012

City & State

Hialeah FL

4. FEI Number

65-0996246

Applied For

Not Applicable

Zip

33012

Country

Dade

Zip

33012

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALISHAH, GLORIA C  
 8725 NW 150TH TERR.  
 MIAMI FL 33018

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, 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	ALISHAH	<input type="checkbox"/> Delete
NAME	GLORIA C	
STREET ADDRESS	8725 NW 150th TERR	
CITY-ST-ZIP	Miami Lakes Fla 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	president	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA C. Alishah	
STREET ADDRESS	8725 N.W. 150 TER	
CITY-ST-ZIP	Miami Lakes FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)