

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038897

1. Entity Name

CRISTAL HOLDINGS, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90048 030 ***150.00

Principal Place of Business

6361 SUNSET DR
SOUTH MIAMI FL 33143

Mailing Address

6361 SUNSET DR
SOUTH MIAMI FL 33143

2. Principal Place of Business

9460 FOUNTAIN BLVD.

3. Mailing Address

6333 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEASING OFFICE

LEASING OFFICE

City & State

City & State

MIAMI, FL

SOUTH MIAMI FL

Zip

Country

Zip

Country

33172

USA

33143

USA

4. FEI Number

65-1002859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAS, RAUL E
C/O SALAS, EDE, PETERSON & LAGE, L.L.C.
6361 SUNSET DR
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6333 SUNSET DRIVE

City

SOUTH MIAMI

FL

Zip Code

33143

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 D ☐ Delete
NAME SANCHEZ, ALVARO
STREET ADDRESS 156 PALOMA DR
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☐ Delete
NAME SANCHEZ, BLANCA
STREET ADDRESS 156 PALOMA DR
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☐ Delete
NAME SANCHEZ, CRISTINA
STREET ADDRESS 156 PALOMA DR
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE D ☐ Delete
NAME SANCHEZ, ALVARO JR
STREET ADDRESS 156 PALOMA DR
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4890 SW 85 ST
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Alvaro Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/12/01

Daytime Phone #

305-233-5131

CR2E034 (10/00)

017596