

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90600 039 ***158.75

0230364

DOCUMENT # P000000756601. Entity Name
CRISTACRYL-MIAMI, INC.Principal Place of Business
7225 N.W. 68TH STREET, #4
MIAMI FL 33166Mailing Address
12555 BISCAYNE BOULEVARD
NO. 476
N. MIAMI FL 33181

00017006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7225 NW 68 ST

Suite, Apt. #, etc.

4

City & State

MIAMI**FL**

Zip

33166

Country

4. FEI Number **65-1030485**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BIGIO, VICTOR
20900 WEST DIXIE HIGHWAY
SUITE C
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name **- SAME -**

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

7225 NW 68 ST**#4**City **MIAMI****FL**Zip Code **33166**

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 State10. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BIGIO, DANNY**
STREET ADDRESS **7225 N.W. 68TH STREET, #4**
CITY-ST-ZIP **MIAMI FL 33166**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY BIGIO**Feb 8, 2001**

Date

(305) 805 3335

Daytime Phone #

CR2E034 (10/00)