## **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 07, 2001 8:00 am DOCUMENT # P00000081307 **Secretary of State** CRIST SERVICES GROUP, CO. 03-07-2001 90625 028 \*\*\*158.75 Principal Place of Business Mailing Address 7345 NW 54TH STREET 7345 NW 54TH STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 8363 LAKE DRIVE DRIVE 8763 Suite, Apt. #, etc. # 304 DO NOT WRITE IN THIS SPACE City & State MIAMI City & State 4. FEI Number -6-5-1050496 Applied For Not Applicable Country S. A . \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARY BORFLLY **BORELLY, RICHARD** 152-90 SW 106 LANE #314 MIAMI FL 33196 Zip Code MISMI 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. (RICHAND BONELLY) PRESIDENT (D) (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Ch ☐ Addition BORELLY RICHARD #304 **BORELLY, RICHARD** NAME NAME 152-90 SW 106 LANE #314 STREET ADDRESS STREET ADDRESS MIAMI - FLD 33166\_ MIAMI FL 33196 CITY-ST-ZIP --CITY-ST-ZIP EMERAL MARIS ☐ Delete TITLE 8363 LAKE DR #304 ESMERAL, MARIA NAME NAME 152-90 SW 106 LANE #314 STREET ADDRESS STREET ADDRESS FLD 33/66 MISHI CITY-ST-ZIP **MIAMI FL 33196** CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13.51 hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 his 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 impowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR