

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90019 001 ***150.00

DOCUMENT # P00000081307

1. Entity Name
CRIST SERVICES GROUP, CO.

Principal Place of Business

**8363 LAKE DRIVE
 # 304
 MIAMI FL 33166**

Mailing Address

**8363 LAKE DRIVE
 # 304
 MIAMI FL 33166**

2. Principal Place of Business

**8251 NW 64 ST
 Suite, Apt. #, etc.
 Miami, Florida**

City & State

Zip **33166** Country

3. Mailing Address

**8251 NW 64 ST
 Suite, Apt. #, etc.
 Miami, Florida**

City & State

Zip **33166** Country

4. FEI Number **65-1050496**

Applied For
 Not Applicable

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

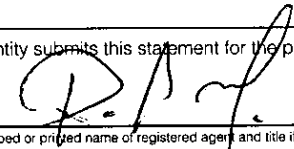
6. Name and Address of Current Registered Agent

**BORELLY, RICHARD
 8363 LAKE DRIVE
 # 304
 MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name **Borelly, Richard**
 Street Address (P.O. Box Number is Not Acceptable)
8251 NW 64 ST
 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  (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, 2002 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	<input type="checkbox"/> Delete
NAME	BORELLY, RICHARD	
STREET ADDRESS	8363 LAKE DRIVE # 304	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESMERAL, MARIA	
STREET ADDRESS	8363 LAKE DRIVE # 304	
CITY-ST-ZIP	MIAMI FL 33166	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borelly, Richard	
STREET ADDRESS	8251 NW 64 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Esmeral, Maria	
STREET ADDRESS	8251 NW 64 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 (305) 470-8895

Date

Daytime Phone #

CR2E034 (9/01)