

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90315 011 ***150.00

DOCUMENT # P00000081307

1. Entity Name
CRIST SERVICES GROUP, CO.



Principal Place of Business
**8251 NW 64 STREET
MIAMI FL 33166**

Mailing Address
**8251 NW 64 STREET
MIAMI FL 33166**

2. Principal Place of Business

7345 N.W. 54 ST

3. Mailing Address

7345 N.W. 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33166

Country
USA

Zip
33166

Country
USA

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

7. Name and Address of New Registered Agent

**BORELLY, RICHARD
8251 NW 64 STREET
MIAMI FL 33166**

Name

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

7345 N.W. 54 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

President

JAN 23-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BORELLY, RICHARD**
CITY-ST-ZIP **8251 NW 64 STREET
MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7345 N.W. 54ST**
CITY-ST-ZIP **MIAMI FLA 33166**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ESMERAL, MARIA**
CITY-ST-ZIP **8251 NW 64 STREET
MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7345 N.W. 54ST**
CITY-ST-ZIP **MIAMI FLA 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

President

JAN 23-03

Date

305 8631995

Daytime Phone #

CR2E034 (10/02)