

2001 UNIFORM BUSINESS REPORT¹(UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90266 018 ***150.00

DOCUMENT # P00000102533

1. Entity Name

IT'S A WRAP CREATIONS BY CHRISTINE, INC.

Principal Place of Business

Mailing Address

15875 SOUTHWEST 3RD COURT
 UNIT 201
 PEMBROKE PINES FL 33027

15875 SOUTHWEST 3RD COURT
 UNIT 201
 PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1052558

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

H. Anthony Martinez

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

15875 SW 3RD CT UNIT 201

City

Pembroke Pines

FL

Zip Code

33027

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 changing)

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
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 PSTD
 MARTINEZ, CHRISTINE
 15875 SOUTHWEST 3RD COURT UNIT 201
 PEMBROKE PINES FL 33027 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

TITLE
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 CITY-STATE-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

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

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

TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
 NAME
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 CITY-STATE-ZIP ☐ Change ☐ Addition

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

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 officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/23/01

954-430-2068

CR2E034 (10/00)