

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90162 001 *****8.75
 05-05-2002 90162 002 ***150.00

DOCUMENT # P01000055877

1. Entity Name
THE KRISTAL QUEEN, INC.

Principal Place of Business
500 SW 24 AVE SIDE APT
MIAMI FL 33135

Mailing Address
500 SW 24 AVE SIDE APT
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address
4500 HOLLY TREE CRT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

4. FEI Number

65-1110314

Applied For

Not Applicable

Zip

Country

Zip

Country

32811

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GHEORGHITA, CRISTINA E
500 SW 24 AVE SIDE APT
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

RADU COSTIN

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

500 SW 24 AVE, SIDE APT

City

MIAMI

FL

Zip Code

33135

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

RADU COSTIN - D

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/15/02

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 **PD** ☐ Delete
 NAME **GHEORGHITA, CRISTINA E**
 STREET ADDRESS **500 SW 24 AVE SIDE APT**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **GHEORGHITA, CRISTINA E.**
 STREET ADDRESS **500 SW 24 AVE, SIDE APT**
 CITY-ST-ZIP **MIAMI, FL, 33135**

TITLE **D** ☐ Change ☒ Addition
 NAME **COSTIN, RADU**
 STREET ADDRESS **500 SW 24 AVE, SIDE APT**
 CITY-ST-ZIP **MIAMI, FL, 33135**

TITLE **S** ☐ Change ☒ Addition
 NAME **COSTIN, DAN V.**
 STREET ADDRESS **500 SW 24 AVE, SIDE APT**
 CITY-ST-ZIP **MIAMI, FL, 33135**

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

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

TITLE ☐ 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:

CRISTINA E GHEORGHITA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02

Date

(407) 719 3256

Daytime Phone #

CR2E034 (9/01)