

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90148 044 ***150.00
08-08-2002 90093 029 ***550.00

42145

DOCUMENT # P01000106883

1. Entity Name
CHRISTMART INC.

Principal Place of Business
1331 N PINE HILLS RD
ORLANDO FL 32808

Mailing Address
1331 N PINE HILLS RD
ORLANDO FL 32808

2. Principal Place of Business
1000 PINE HILLS ROAD

3. Mailing Address
P.O. BOX 585966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

4. FEI Number
60-0000014

Applied For
Not Applicable

Zip 32808 **Country** USA

Zip 32858 **Country** USA

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

ALISMA, JEAN
1331 N PINE HILLS RD
ORLANDO FL 32808

Name ALISMA JEAN
Street Address (P.O. Box Number is Not Acceptable) 705 WINTER STREET WINTER GARDEN
City ORLANDO **FL** **Zip Code** 34777

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 *Alisma Jean*

08-05-02

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

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete
NAME JEAN ALISMA
STREET ADDRESS 705 WINTER STREET WINTER GARDEN
CITY-ST-ZIP ORLANDO FLORIDA 34777

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

TITLE VICE PRESIDENT ☐ Delete
NAME DAVID JULES VICTORIN
STREET ADDRESS 1102 GOLDEN GATE AVENUE
CITY-ST-ZIP ORLANDO FLORIDA 32808

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

TITLE SECRETARY ☒ Delete
NAME JEAN BERNADIN
STREET ADDRESS 7332 WOODHILL PARK DRIVE
CITY-ST-ZIP ORLANDO FLORIDA 32818

TITLE SECRETARY ☒ Change ☐ Addition
NAME GERARD BERNADEL
STREET ADDRESS 2236 DUNSTON DRIVE
CITY-ST-ZIP ORLANDO FLORIDA 32808

TITLE TREASURER ☒ Delete
NAME GARRY PIERRE
STREET ADDRESS 6001 CHAMONIX COAT
CITY-ST-ZIP ORLANDO FLORIDA 32808

TITLE TREASURER ☒ Change ☐ Addition
NAME RAYMOND FRANCOIS
STREET ADDRESS 900 WILSON RIDGE
CITY-ST-ZIP ORLANDO FLORIDA 32818

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Alisma Jean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/20/02

407-656-9504

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

42145
PD1000106883
FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

01 NOV -5 AM 11:08

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is:

CHRISTIMART

2. The name and address of the registered agent and office is:

ALISMA JEAN

(Name)

705 WINTER ST WINTER GARDEN

(P.O. Box NOT acceptable)

ORLANDO / FLORIDA / 34777

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alisma Jean

Signature

OCTOBER 30, 2001

Date