

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90078 044 ***150.00

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DOCUMENT # P01000113756

1. Entity Name

CRIST. ALTERATION, CORP.

Principal Place of Business

**100 LINCOLN RD #409
MIAMI BEACH FL 33139**

Mailing Address

**100 LINCOLN RD #409
MIAMI BEACH FL 33139**

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

26-0020927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**E & V GREAT PROFESSIONAL, INC.
5545 SW 8 ST STE 107
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **HUGO FERNANDEZ**

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

100 LINCOLN RD #409

City **MIAMI BEACH**

FL

Zip Code **33139**

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 reinstating)

3-19-02

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 **DP** ☐ Delete
NAME **FERNANDEZ, HUGO M**
STREET ADDRESS **100 LINCOLN RD #409**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DV** ☐ Delete
NAME **VELVEDERE, CRISTINA C**
STREET ADDRESS **100 LINCOLN RD #409**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
NAME **FERNANDEZ, REINALDO E**
STREET ADDRESS **100 LINCOLN RD #409**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02

Date

Daytime Phone #

CR2E034 (9/01)