

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90066 020 \*\*\*550.00

DOCUMENT # P02000075736

1. Entity Name

Christina y Juan Salsa Company Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1462 SW 97 Lane

Suite, Apt. #, etc.

3. Mailing Address

1462 SW 97 Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dawie FL

City & State

Dawie FL

4. FEI Number

16-1615738

Applied For

Not Applicable

Zip  
33324

Country  
USA

Zip  
33324

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Christine Stevenson

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

1462 SW 97 Lane

City

Dawie

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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

Christine L. Stevenson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Christine Stevenson  
1462 SW 97 Lane  
Dawie FL 33324

TITLE  
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Christine L. Stevenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)