

2002

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

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90018 012 ***150.00

DOCUMENT # P92000007123

1. Entity Name
CRITERION ESTATES, INC.

DO NOT WRITE IN THIS SPACE

822439

2. Principal Place of Business
216 Catalonia Avenue

3. Mailing Address
216 Catalonia Avenue

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
Coral Gables FL. 33134

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Coral Gables FL. 33134

4. FEI Number
65-0372377

Applied For
Not Applicable

Zip Country

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ruiz, Miguel A.

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

216 Catalonia Ave Suite B

City Coral Gables FL 33134

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 _____ (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)

January 1 - May 1 Fee is \$180.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D
NAME Ruiz Miaguel A.
STREET ADDRESS 216 Catalonia Avenue Suite B.
CITY-ST-ZIP Coral Gables Fl. 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Rosso, Jorge L.
STREET ADDRESS 216 Catalonia Avenue Suite B
CITY-ST-ZIP Coral Gables Fl. 33134

TITLE SD
NAME Rosso, Maria T.
STREET ADDRESS 216 Catalonia Avenue Suite B
CITY-ST-ZIP Coral Gables Fl. 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR3E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRAS (305)374-4758
Date Daytime Phone #