

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90148 049 ***150.00

DOCUMENT # P93000073183

1. Entity Name
CHRISLO INVESTMENTS CORPORATION

Principal Place of Business

**2450 NE 135 ST
 902
 N MIAMI FL 33181
 US**

Mailing Address

**2450 NE 135 ST
 902
 N MIAMI FL 33181
 US**



2. Principal Place of Business

**407 South Federal Hwy.
 Suite, Apt. #, etc.
 A**

3. Mailing Address

**407 South Federal Hwy.
 Suite, Apt. #, etc.
 A**

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number **65-0460916**

Applied For

Not Applicable

Zip

33460

Country

USA

Zip

33460

Country

USA

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

6. Name and Address of Current Registered Agent

**MACLAREN, LOLA
 2450 NE 135 ST
 STE 902
 MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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 **D**
 NAME **MARTIN, CHRISTOPHER D**
 STREET ADDRESS **5200 WOODLAKE DR, N.E.**
 CITY-ST-ZIP **PALM BAY FL 32905**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **Martin, Christopher D**
 STREET ADDRESS **14176 Country Club Dr.**
 CITY-ST-ZIP **Tequesta, FL 33469**

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

CHRIS MARTIN 2/5/02 (561) 540-6254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)