

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90091 047 \*\*\*150.00

**DOCUMENT # P93000079537**

1. Entity Name  
**CRYSTAL LITE INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

2880 N.E. 7TH AVE.  
 POMPANO BEACH FL 33064

2880 N.E. 7TH AVE.  
 POMPANO BEACH FL 33483-5922

**944557**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1440 N. Federal Hwy  
 Suite, Apt. #, etc.  
 Delray Beach Fla.  
 City & State

1440 N. Federal Hwy  
 Suite, Apt. #, etc.  
 Delray Beach, FL.  
 City & State

4. FEI Number **65-0472487**

Applied For  
 Not Applicable

Zip **33483**

Country **USA**

Zip **33483**

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

~~WONG, RICHARD~~ Walden + Assoc PA  
~~2880 N.E. 7TH AVE.~~ 11849 Sunchase Ct  
~~POMPANO BEACH FL 33064~~ Boca Raton, FL  
 33498

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 *Walden CPA as Registered Agent* *Walden CPA, as Registered Agent* 4/14/00  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WONG, RICHARD	2880 N.E. 7TH AVE.	POMPANO BEACH FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1440 North Federal Hwy	Delray Beach, FL 33483	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* 4/17/00 561-330-8742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #