2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2002 8:00 am Secretary of State P94000043707 DOCUMENT # 1. Entity Name 01-16-2002 90045 014 ***150.00 CDL - CHRISTINAT DIVERSIFIED, INC. Principal Place of Business Mailing Address 8901 S.W. 150TH PLACE CIRCLE 8901 S.W. 150TH PLACE CIRCLE MIAMI FL 33196 MIAMI FL 33196 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3631 W. COMMERCIAL BLYD. 3631 W. COMMERCIAL BLYD. City & State Applied For 4. FEI Number 65-0562149 T.LAUDERDALE, TL. ET. LAUDERDALE, FL. Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 33309 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHRISTINAT, FRITZ O.P. Street Address (P.O. Box Number is Not Acceptable) 8901 S.W. 150 PLACE CIR. 3631 W. COMMERCIAL BLVD. MIAMI FL 33196 FT. LAUDERDALE 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FRITZ O.P. CHRISTINAT, PRES. 8 JAN 02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITLE TITLE Delete FRITZ O.P. CHRISTIANAT NAME NAME 3631 W. COMMERCIAL BLVD. 8901 SW 150 PL. CIR. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL., 33309 MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 expowered 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 attachmen

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

CR2E034 (9/01)