2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

Principal Place of Business

2. Principal Place of Business

2736 N FEDERAL HWY

Suite, Apt. #, etc.

City & State

Zip

FT LAUDERDALE FL

P94000075080

Mailing Address

2736 N FEDERAL HWY

FT LAUDERDALE FL

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1. Entity Name

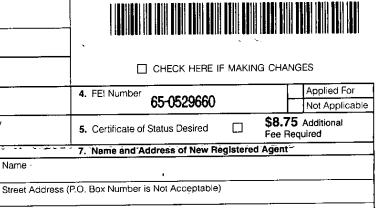
CREPE CHRISTINA, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90126 001 ***150.00

90020750



PASTRE, R. LESLIE 1126 S FEDERAL HWY **SUITE 376** FORT LAUDERDALE FL 33316

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. I am familiar with, and accept the obligations of registered agent.

City

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable. 1: (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State						
10.	OFFICERS AND DIRECTO	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIN, CHRISTIANE 2736 N FEDERAL HWY FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIN, PIERRE 2736 N FEDERAL HWY FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	ى ئەسىمىن ھىلىكى بىلىكى ئىلىكى ئى ئىلىكى ئىلىكى ئىلىك	~ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered. ERRE MORIN

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

Change

☐ Addition