

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-20-2000 90024 032 ***150.00

DOCUMENT # P96000068594 R

1. Entity Name
CRISSELLE CORP.

Principal Place of Business 2011 NW 103 TERRACE CORAL SPRINGS FL 33071 US	Mailing Address 2011 NW 103 TERRACE CORAL SPRINGS FL 33011 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	65-0697175	Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VITALE, DOMENICK D. 2011 NW 103 TERRACE CORAL SPRINGS FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P VITALE, DOMENICK	TITLE NAME	
STREET ADDRESS	2011 NW 103 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Domènec R. Vitale* 7/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P96000068594
309262

2011 n.w. 103 Terrace
Coral Springs, Fl. 33071

2nd copy sent!
8/3/00

Criselle Corporation

July 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

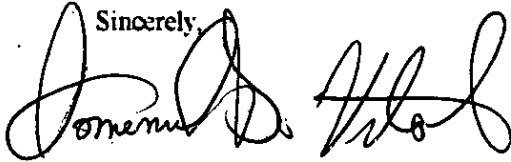
Please be advised that enclosed is the annual filing for Criselle Corp along with the regular filing fee of \$150.00.

My FIRST NOTICE for filing was never sent to me and now is obviously late due to my receipt of the second notice.

I have never filed late before as I have always received my filing reports on time as well.

I thank you in advance and apologize for any inconvenience.

Sincerely,



Domenick D. Vitale
President / Criselle Corporation