

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90010 045 ***150.00

DOCUMENT # P97000027787

1. Entity Name

CHRISTALS WATERFRONT ENTERPRISES INC.

Principal Place of Business

Mailing Address

4233 SW 23RD AVE
 CAPE CORAL FL 33914

4233 SW 23RD AVE
 CAPE CORAL FL 33914-6127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0732423**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASALE, CHRISTINE M
4233 SW 23RD AVE
CAPE CORAL FL 33914

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, 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	D/P	<input checked="" type="checkbox"/> Delete
NAME	CASALE, CHRISTINE M	
STREET ADDRESS	4233 SW 23RD AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	CASALE, ALFRED T	
STREET ADDRESS	1551 UTOPIA PKWY	
CITY-ST-ZIP	WHITESTONE NY 11357	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	CASALE, CARMELLA T	
STREET ADDRESS	1551 UTOPIA PKWY	
CITY-ST-ZIP	WHITESTONE NY 11357	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASALE, ALFRED A	
STREET ADDRESS	4233 SW 23RD AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred A. Casale	
STREET ADDRESS	4233 SW 23 AVE	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Christine Casale
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

941 945-7633

Daytime Phone #