

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035922

1. Entity Name

CHRISTINA ENTERPRISES, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90041 026 ***150.00

Principal Place of Business

Mailing Address

11809 NW 11TH COURT
CORAL SPRINGS FL 33071
US

11809 NW 11TH COURT
CORAL SPRINGS FL 33071-6134
US

2. Principal Place of Business

12204 NW 56 St
Suite, Apt. #, etc.

3. Mailing Address

12204 NW 56 Ct
Suite, Apt. #, etc.

00002723



DO NOT WRITE IN THIS SPACE

City & State: Coral Springs FL City & State: Coral Springs FL
4. FEI Number: 65-0746235 Applied For: ☐ Not Applicable: ☐

Zip: 33076 Country: WA Zip: 33076 Country: FL
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

BEFUMO, KATHIE
11809 NW 11TH COURT
CORAL SPRINGS FL 33071

Name: Kathie Befumo
Street Address (P.O. Box Number is Not Acceptable):
12204 NW 56 Court
City: Coral Springs FL Zip Code: 33076

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: *Kathie Befumo* (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: ☐ 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: ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEFUMO, KATHIE		NAME	12204 NW 56 Ct	
STREET ADDRESS	11809 NW 11TH COURT		STREET ADDRESS	CORAL SPRINGS, FL 33076	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Kathie Befumo* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/13/00 Daytime Phone #: (904) 345-2725

CR2E034 (9/99)