

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047271

1. Entity Name

KRISTOFF, INC.

**FILED**  
**May 21, 2000 8:00 am**  
**Secretary of State**

05-21-2000 90009 031 \*\*\*150.00

Principal Place of Business

290 174TH ST. #603  
MIAMI BEACH FL 33160

Mailing Address

290 174TH ST. #603  
MIAMI BEACH FL 33160-3247

2. Principal Place of Business

Suite, Apt. #, etc.

2200 N. 35 AVE

City & State

HOLLYWOOD FL

3. Mailing Address

Suite, Apt. #, etc.

2200 N. 35 AVE

City & State

HOLLYWOOD FL

Zip 33021

Country

BROWARD

Zip 33021

Country

BROWARD

6. Name and Address of Current Registered Agent

JASTRZEBSKI, KRZYSZTOF  
290 174TH ST. #603  
MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

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 KRZYSZTOF JASTRZEBSKI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/14/00

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JASTRZEBSKI, KRZYSZTOF  
CITY-ST-ZIP 290 174TH ST. #603  
MIAMI BEACH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 2200 N. 35 AVE  
STREET ADDRESS HOLLYWOOD  
CITY-ST-ZIP FL 33021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/00

Date

(954) 558-4068

Daytime Phone #

CR2E034 (9/99)