

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051360

1. Entity Name

CRISON, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90099 042 ***150.00

Principal Place of Business

Mailing Address

9605 N.W. 61ST DRIVE
PARKLAND FL 33076

9605 N.W. 61ST DRIVE
PARKLAND FL 33067-2608

2. Principal Place of Business

3. Mailing Address

9005 NW 70TH COURT

SAME AS 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND

City & State

FL

4. FEI Number

65-0768497

Applied For

Not Applicable

Zip

FL

Country

BROWARD

Zip

33067-2608

Country

BROWARD

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

CHAQUINGA, MILAGROS
9605 N.W. 61ST DR.
PARKLAND FL 33076

Name

MILAGROS CHAQUINGA

Street Address (P.O. Box Number is Not Acceptable)

9005 NW 70TH COURT

City

PARKLAND

FL

Zip Code

33067-2608

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

Milagros Chaquinga

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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	P	<input type="checkbox"/> Delete
NAME	CHAQUINGA, MILAGROS	
STREET ADDRESS	9605 N.W. 61ST DRIVE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9005 NW 70TH COURT	
CITY-ST-ZIP	PARKLAND, FL 33067-2608	
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		
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: *Milagros Chaquinga*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

954-346-6133

Daytime Phone #

CR2E034 (9/99)