

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90078 005 ***150.00

DOCUMENT # P97000051360

1. Entity Name
CRISON, INC.

Principal Place of Business

**9005 NW 70TH COURT
 PARKLAND FL**

Mailing Address

**9005 NW 70TH COURT
 PARKLAND FL 33076**

2. Principal Place of Business

2801 NW 112TH AVE.

3. Mailing Address

SAME AS 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

BROWARD

Zip

Country

4. FEI Number

65-0768497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHAQUINGA, MILAGROS
 9005 NW 70TH COURT
 PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name **MILAGROS CHAQUINGA**

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

2801 NW 112TH AVE.

City

CORAL SPRINGS

FL

Zip Code

33065-3543

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

Signature, typed or printed name of registered agent and, 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, 2002 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 **P** ☐ Delete
 NAME **CHAQUINGA, MILAGROS**
 STREET ADDRESS **9005 NW 70TH COURT**
 CITY-ST-ZIP **PARKLAND FL 33067-2608**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2801 NW 112TH AVE.**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065-3543**

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

TITLE ☐ Change ☐ Addition
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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:

Milagros Chaquinga
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02 954.255-9864
 Date Daytime Phone #

CR2E034 (9/01)