

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90123 042 ***150.00

U120095

DOCUMENT # P98000020650

1. Entity Name
CRISTELLE REALTY SALES COMPANY

Principal Place of Business: **1700 SOUTH OCEAN BOULEVARD, POMPANO BEACH FL 33062**
 Mailing Address: **1700 SOUTH OCEAN BOULEVARD, POMPANO BEACH FL 33062**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0833662** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
GILMAN, DAVID D
1717 S. OCEAN BLVD
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: _____ 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: _____ (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GILMAN, DAVID D		NAME: _____	
STREET ADDRESS: 1700 SOUTH OCEAN BOULEVARD		STREET ADDRESS: _____	
CITY-ST-ZIP: POMPANO BEACH FL 33062		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GILMAN, GAIL E		NAME: _____	
STREET ADDRESS: 1700 SOUTH OCEAN BOULEVARD		STREET ADDRESS: _____	
CITY-ST-ZIP: POMPANO BEACH FL 33062		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: _____	
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: _____	

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: *David Gilman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAVID GILMAN**

Date: **23 Apr 2001**
 Daytime Phone #: **954 783 3435**

CR2E034 (10/00)