

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90545 001 *2,850.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000038497

1. Entity Name
KRISTIAN ENTERPRISES, INC.



Principal Place of Business
10221 EAST BROADVIEW DRIVE
BAY HARBOR ISLAND, FL 33154

Mailing Address
10221 EAST BROADVIEW DRIVE
BAY HARBOR ISLAND, FL 33154

55041565

2. Principal Place of Business
4855 Pinetree Dr.

3. Mailing Address
4855 Pinetree Dr.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0833953

Applied For
Not Applicable

Zip
33140

Country

Zip
33140

Country

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

6. Name and Address of Current Registered Agent

CAPARROS, MARTIN JR.
10221 EAST BROADVIEW DRIVE
BAY HARBOR ISLAND, FL 33154

7. Name and Address of New Registered Agent

Name
Martin Caparros
Street Address (P.O. Box Number Is Not Acceptable)
4855 Pinetree Dr.
City
Miami Beach FL 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Martin Caparros

(NOTE: Registered Agent Signature required when resigning)

DATE
5/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAPARROS, MARTIN JR.	
STREET ADDRESS	10221 EAST BROADVIEW DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAPARROS, PATRICIA	
STREET ADDRESS	10221 EAST BROADVIEW DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Caparros	
STREET ADDRESS	4855 Pinetree Dr.	
CITY-ST-ZIP	Miami, FL 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Caparros	
STREET ADDRESS	4855 Pinetree Dr.	
CITY-ST-ZIP	Miami, FL 33140	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Martin Caparros**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CR2E034 (10/02)