

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 041 \*\*\*150.00

DOCUMENT # P98000088178

1. Entity Name

CRISFANIE, INCORPORATED

Principal Place of Business

9007 SOUTHERN BREEZE  
ORLANDO, FL 32836

Mailing Address

9007 SOUTHERN BREEZE  
ORLANDO, FL32836

2. Principal Place of Business

512 Bayshore Road

Suite, Apt. #, etc.

3. Mailing Address

512 Bayshore road

Suite, Apt. #, etc.

City & State

Nokomis, FL 34275

City & State

Nokomis, FL 34275

4. FEI Number

59-3537490

Applied For

Not Applicable

Zip

32475

Country

USA

Zip

32475

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAVIGNE, James R  
5301 Conroy Rd, Suite 140  
Orlando, FL 32811

7. Name and Address of New Registered Agent

Name  
Patrick VIVIES CPA, PA

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

700 E. Dania Beach Blvd Suite 202

City

Dania

FL

Zip Code  
33004

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

Signature of the principal name of registered agent and title 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) ☐

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	TITLE	NAME STREET ADDRESS CITY - ST - ZIP
<input type="checkbox"/> Delete	PD BARBIER Lucien-Charles 2826 Norwood Lane Venice, FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

Date

Signature #