

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.



DO NOT WRITE IN THIS SPACE

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

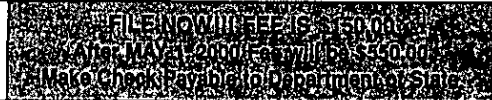
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/4/00

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	
NAME	TITLE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BARBIER Lucien-Charles 2826 Norwood Lane Venice, FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Overline Phone #

L. Barbier

5/8/2000