

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90329 043 ***158.75

DOCUMENT # P98000090338

1. Entity Name
CHRISTINA FASHION CORP.

Principal Place of Business Mailing Address
14460 SW 296TH ST 14460 SW 296TH ST
HOMESTEAD FL 33033 HOMESTEAD FL 33033

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0882095**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANIAGUA, ANGELA
10661 NORTH KENDALL DR, STE 218
MIAMI FL 33176

Name

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

City

FL

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

Luz Maria Rodriguez

Signature typed or printed 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)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	RODRIGUEZ, JORGE	14460 SW 296TH ST	HOMESTEAD FL 33033	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	RODRIGUEZ, LUZ MARIA	29925 SW 149TH CT	HOMESTEAD FL 33033	<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:

Luz Maria Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)