

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90034 042 ***150.00

DOCUMENT # P98000098539

1. Entity Name

CHRISTINA'S COLLECTIONS, INC.

Principal Place of Business

777 NW 72 AVENUE
 #2885 2BB5
 MIAMI FL 33126

Mailing Address

777 NW 72 AVENUE
 #2885 2BB5
 MIAMI FL 33126

2. Principal Place of Business

777 N.W. 72 AVE

Suite, Apt. #, etc.

SUITE # 2BB5

City & State

MIAMI, FL

Zip

33126

Country

3. Mailing Address

777 N.W. 72 AVE

Suite, Apt. #, etc.

SUITE # 2BB5

City & State

MIAMI, FL

Zip

33126

Country

4. FEI Number

65-0877326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Margaret K. Laman

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

17204 S.W. 80 Court

City

Miami

FL

Zip Code

33157

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

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, 2002 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	LAMAN, MARGARET K	
STREET ADDRESS	777 NW 72 AVENUE #2885	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEW, ROBERT	
STREET ADDRESS	11200 SOUTHWEST 136TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMAN, HOPKIN	
STREET ADDRESS	2207 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAN, MARGARET K	
STREET ADDRESS	777 N.W. 72 AVE. #2BB5	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEW, ROBERT	
STREET ADDRESS	13704 S.W. 110 COURT	
CITY-ST-ZIP	MIAMI, FL. 33176	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Laman

3/15/02

Date

(305) 269-9422

Daytime Phone #

CR2E034 (9/01)