

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90031 015 ***158.75

DOCUMENT # P98000102684

1. Entity Name
CRISTINA INVESTMENTS, INC.

Principal Place of Business Mailing Address
 14036 FAIRWAY ISLAND DR.. #1521 14036 FAIRWAY ISLAND DR.. #1521
 ORLANDO FL 32837 ORLANDO FL 32837-5266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13886 SW 42 Street **PO Box 267254**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVIE FL **WESTON FL**

Zip Country Zip Country
33330 **USA** **33326** **USA**

4. FEI Number Applied For
59-3558179 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

ALBANES, PEDRO S
14036 FAIRWAY ISLAND DR., #1521
ORLANDO FL 32837

Name **ALBANES, PEDRO S.**
 Street Address (P.O. Box Number is Not Acceptable)
13886 SW 42 STREET
 City **DAVIE** FL Zip Code **33330**

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 *Pedro S Albanes* **DIRECTOR** **4/28/2000**
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, 2000 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	D ALBANES, PEDRO S 14036 FAIRWAY ISLAND DR., #1521 ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBANES, PEDRO S 13886 SW 42 STREET DAVIE FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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: *Pedro S Albanes* **4/28/2000** **954 217 7526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)