

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000102684**

1. Entity Name  
**CRISTINA INVESTMENTS, INC.**

Principal Place of Business  
 13886 SW 42 STREET  
 FORT LAUDERDALE FL 33330

Mailing Address  
 13886 SW 42 STREET  
 FORT LAUDERDALE FL 33330

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO BOX 267243  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 WESTON FL

City & State  
 WESTON FL

4. FEI Number  
**59-3558179**  
 Applied For  
 Not Applicable

Zip Country  
 33326

Zip Country  
 33326

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

6. Name and Address of Current Registered Agent  
 ALBANES PEDRO S  
 14036 FAIRWAY ISLAND DR., #1521  
 ORLANDO FL 32837

7. Name and Address of New Registered Agent  
 Name  
 ALBANES PEDRO S  
 Street Address (P.O. Box Number is Not Acceptable)  
 PO BOX 267243  
 City WESTON 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**

**09/12/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBANES DEBRA L PO BOX 267243 WESTON FL 33330 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBANES PEDRO S PO BOX 267243 WESTON FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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**

D

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)