

2000 UNIFORM BUSINESS REPORT (UBR)

9/19/00-90001-019-\$150.00-\$150.00

DOCUMENT # P99000019660

1. Entity Name
CRIS KEN INTERNET INC.

APPROVED
AND
FILED

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Principal Place of Business
108 LAKE SHORE DR., STE. 1839
NORTH PALM BEACH FL 33408

Mailing Address
108 LAKE SHORE DR., STE. 1839
NORTH PALM BEACH FL 33408

00 OCT 16 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650913007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CECERE, CHRISTOPHER T
108 LAKE SHORE DR., STE. 1839
NORTH PALM BEACH FL 33408

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Christopher Thomas Cecere ☐ Delete
STREET ADDRESS 108 Lakeshore Dr Suite 1839
CITY-STATE-ZIP N.B.B. FL 33408

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Change ☐ 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:

Christopher Thomas Cecere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

Daytime Phone #

CR2E034 (5/00)

VisitWithUs

High Quality Internet Provider

Attachment

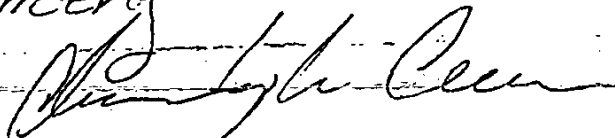
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To Whom it concerns:

This application was returned at this time due to circumstance that where an over sight on behalf of the the Corporation, this is the first filing and for what ever reason an earlier filing didn't make the time frame; please excuse this at this time and accept the filing fee sent at 156.⁰⁰ (per a representative from your department) following filings will be made on time. Sincerely,


Christopher Cecen