

**FOR PROFIT CORPORATION,
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90074 038 ***150.00

DOCUMENT # **P990000021001**

1. Entity Name

CRISTINA Enterprises Corp.

DO NOT WRITE IN THIS SPACE

B0125962

2. Principal Place of Business

10819 NW 29 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State

FEL Number
65-0899879

Applied For

Not Applicable

Zip
33172

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **J CRISTINA MARTIN**

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

3876 SW 112 AV # 317

City **Miami**

FL

Zip Code
33165

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **ISABEL CRISTINA MARTIN**
STREET ADDRESS **10819 NW 29 ST, Miami**
CITY-ST-ZIP **FL 33172**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/24/02 **(786) 486-6663**
Date Daytime Phone #

CR2E034B (12/01)