FILED \$\frac{\partial}{9}\$ Apr 21, 2002 8:00 am \$\frac{\partial}{9}\$ Secretary of State \$\frac{\partial}{2}\$ 04-21-2002 90869 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P99000027598

DOCUMENT #

1. Entity Name CHRISTEF OF MIAMI CORP.

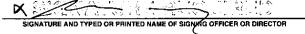
Principal Place of Business	Mailing Address						
255 GALEN DRIVE	255 GALEN DRIVE						
SUITE 4E	Suite 4E						
KEY BISCAYNE FL 33149	KEY BISCAYNE FL 33149						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						



KET DIGOATIS	L 1 C 00140	NET BIOGRAPH OF THE PERSON OF									
2. Principal Pla	ace of Business	3. Mailing Address			-						
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	/ & State City & State					4. FEI Number 65-0905786			<u> </u>	Applied For Not Applicable]
Zip	Zip Country Zip		Country		5. C	5. Certificate of Status Desired See Re				Additional	1
	6. Name and Address of Current F	legistered Agent	· -		7. Na	ame and Ad	dress of New	Registere	<u> </u>	***	1
				Name							1
CARBALLO, GUILLERMO T				Street Address (P.O. Box Number is Not Acceptable)							
255 GALE	N DRIVE			Sileet Addres	SS (1 .O. DC	X (Adiribe) i	s Not Acceptat	Jie)			
SUITE 4E											
KEY BISCAYNE FL 33149				City FL Zip Code							
8. The above r	named entity submits this statement for	the purpose of changing its	registere	ed office or regis	stered age	nt, or both,	in the State of F	-lorida.			1
				**							
SIGNATURE _										 .	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature requ	uired when rein	nstating)		DATI	5		_
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After May 1, 2002 Fo Make Check Payable to)2 Fee	will be \$550.0			on Campaign F Fund Contribut	_		.00 May Be led to Fees		
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STREET ADDRESS	255 GALEN DRIVE SUITE 4E			ET ADDRESS							
CITY-ST-ZIP	KEY BISCAYNE FL 33149	· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP]
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13. Therebyice	ertify that the information supplied with	this filing does not qualify for	the exe	mption stated in	Section 1	19.07(3)(i) 1	Florida Statutes	s. I further r	certify that the	e information	1

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: _



Daytime Phone #