2000 Uniform Business Report (UBR) DOGUNENT #- PAGMOO Apr 04, 2000 8:00 am **Secretary of State** CRISTINA DESIGNER, INC 04-04-2000 90012 010 \*\*\*150.00 Principal Place of Business Mailing Address 10107 W OKECHOBERD 8974 NW 112 TERRACE HIALEAH GARDEDS F/ 32018 HIALEAH FI 33016 830291 2. Principal Place of Business
10107 W OKECHOBER D 3. Mailing Address NW 112 TERRACE 8974 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State HIALEAH Applied For City & State GARDENS FL HIALEAH Not Applicable Country DE \$8.75 Additional 5. Certificate of Status Desired 33*018* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRISTINA BENCOSME 8974 NW-112 TERRACE Street-Address (P.O. Box Numbér is Not 112 TELLACE HIALEAH GARDENS 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE Delete TITLE NAME NAME aristing BENEOSME STREET ADDRESS 8974 NW 112 TERRACE STREET ADDRESS Fl 33018 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ELENCIS PENCOSME 8974 NW 112 TERRACE NAME NAME STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FI 33018 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE YUDDUSBENCOSME NAME NAME 8974 DW 112 Ferra STREET ADDRESS STREET ADUNESS 33018 HIALEAH GARDENS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all of her like empowered.

PER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: