2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90012 010 ***150.00

DOCUMENT # P99000040573

1. Entity Name
CRISTINA DESIGNER, INC

830291

Principal Place of Business	Mailing Address
10107 W OKEECHOBEE RD HIALEAH FL 33016	8974 NW 112 TERRACE HIALEAH GARDENS FL 33018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10107 W OKEECHOBEE RD	8974 NW 112 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State: HIALEAH GARDENS FL
Zip: 33016 Country: DADE	Zip: 33018 Country: DADE

4. FEI Number 65-0955430 ☒ Applied For ☒ Not Applicable

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
CRISTINA BENCOSME 8974 NW 112 TERRACE HIALEAH GARDENS FL 33018	Name: ELENCIS P. BENCOSME Street Address (P.O. Box Number is Not Acceptable): 8974 NW 112 TERRACE City: HIALEAH GARDENS FL Zip Code: 33018

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: X Elencis P. Bencosme X 3/25/00
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISTINA BENCOSME 8974 NW 112 TERRACE HIALEAH GARDENS FL 33018	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELENCIS P. BENCOSME 8974 NW 112 TERRACE HIALEAH GARDENS FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YUDDYS BENCOSME 8974 NW 112 TERRACE HIALEAH GARDENS FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Elencis P. Bencosme 3/25/00 (305) 364-0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #