2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000050734** Mar 30, 2000 8:00 am **Secretary of State** KRISTIAN GROVE DEVELOPMENT, INC. 03-30-2000 90027 050 ***150.00 Principal Place of Business Mailing Address 1856 OPECHEE 1856 OPECHEE MIAMI FL 33245-1238 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address 45123F AU-33*Ə* -Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number - 0936641 City & State City & State Applied For Not Applicable niski \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 026F LOPEZ COSME J. DE LA TORRIENTE, P.A. Street Address (P.O. Box Number is Not Acceptable) 155 SOUTHWEST 25TH ROAD MIAMLEL 33129 nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this states SIGNATURE agest and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or pinted name of registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 29 DPS ■ Addition ☐ Delete TITLE TITLE. DAISY SIERRA 332 NW 34 AV. SIERRA, DAISY NAME NAME 1856 OPECHEE STREET ADDRESS STREET ADDRESS MIAMIL Fl. 33/25 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Change Addition ☐ Delete TITLE TITLE JORGE LOPEZ 332 NW 34 AV. LOPEZ, JORGE NAME NAME STREET ADDRESS 1856 OPECHEE STREET ADDRESS CITY-ST-ZIP M.U.M. Fl. 33125 CITY-ST-ZIP MIAMI, FL, 33,133. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 a other like empowered.

OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIG

3-21-2000