

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90067 049 ***150.00

DOCUMENT # P99000068019

1. Entity Name
CHRISTMAS VENTURES, INC.

Principal Place of Business
6157 NW 167 ST. SUITE F-15
MIAMI FL 33015

Mailing Address
6157 NW 167 ST. SUITE F-15
MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 NE 13 Street
 Suite, Apt. #, etc.

3. Mailing Address
800 NE 13 Street
 Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL
 Zip **33304** Country

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Ft. Lauderdale FL
 Zip **33304** Country

4. FEI Number **65-0940249**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHINDLER, DAVID
6157 NW 167 ST. SUITE F-15
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
800 NE 13 ST
 City **Ft Lauderdale** **FL** Zip Code **33304**

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

4/25/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHINDLER, DAVID	
STREET ADDRESS	6157 NW 167 ST. SUITE F-15	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CULLINAN, JAMES T	
STREET ADDRESS	6157 NW 167TH ST SUITE F.15	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	=	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 NE 13 ST	
STREET ADDRESS	Ft. Lauderdale FL 33304	
CITY-ST-ZIP	FL 33304	
TITLE	=	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 NE 13 ST	
STREET ADDRESS	Ft. Lauderdale FL 33304	
CITY-ST-ZIP	FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 954 763 1940

CR2E034 (9/01)