## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **FILED DOCUMENT # \$12592** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name KRISTAL INVESTMENTS, INC. 04-25-2000 90079 008 \*\*\*150.00 Principal Place of Business Mailing Address 1550 MADRUGA AVE 1550 MADRUGA AVE STE 120 STE 120 CORAL GABLES FL 33146-3016 CORAL GABLES FL 33146 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0236985 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent RIVLIN. MARK L Street Address (P.O. Box Number is Not Acceptable) 1550 MADRUGA AVENUE STE 120 CORAL GABLES FL 33146 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change TITLE □ Delete TITLE NAME NAME RIVLIN, MARK L STREET ADDRESS STREET ADDRESS 1550 MADRUGA AVENUE, SUITE 120 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 13. I hereby certify that the information supplied with this filling 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

4/19/2000