

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87169

1. Entity Name
CHRISMIAN CORP.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90138 038 ***150.00

Principal Place of Business
13151 NEWBERRY ROAD
TIOGA FL 32669
US

Mailing Address
PO BOX 13461
GAINESVILLE FL 32604
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3096095	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, MIGUEL J. 13151 NEWBERRY ROAD TIOGA FL 32669	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MIGUEL J.	NAME	
STREET ADDRESS	13151 NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	TIOGA FL 32669	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ANGEL	NAME	
STREET ADDRESS	13151 NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	TIOGA FL 32669	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LAURA	NAME	
STREET ADDRESS	13151 NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	TIOGA FL 32669	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MIGUEL A	NAME	
STREET ADDRESS	13151 NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	TIOGA FL 32669	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MARIA T	NAME	
STREET ADDRESS	13151 NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	TIOGA FL 32669	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, LUIS A	NAME	
STREET ADDRESS	13151 NEWBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	TIOGA FL 32669	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

M. J. DIAZ

1/18/01

Date

(352) 331-6220

Daytime Phone #

CR2E034 (10/00)