

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0202873 AV

DOCUMENT # S93704

1. Entity Name
CHRISTAR, INC.

04-08-2002 90225 046 ***150.00

Principal Place of Business
761 WOODCREST ROAD
KEY BISCAYNE FL 33149

Mailing Address
25 S.E. 2ND AVENUE
#220
MIAMI FL 33131



2. Principal Place of Business
150 SE 2ND AVENUE

Suite, Apt. #, etc.
SUITE #1200

City & State
MIAMI, FL

3. Mailing Address
150 SE 2ND AVENUE

Suite, Apt. #, etc.
SUITE #1200

City & State
MIAMI, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0224235** Applied For Not Applicable

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

Zip **33131** Country **US** Zip **33131** Country **US**

6. Name and Address of Current Registered Agent
DE LAS CASAS, NATIVIDAD
761 WOODCREST ROAD
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
 Name **BORIS ROSEN**
 Street Address (P.O. Box Number is Not Acceptable)
150 SE 2ND AVENUE, SUITE #1200
 City **MIAMI, FL** Zip Code **33131**

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]* DATE *1-22-02*

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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, MONICA 78781 NE 31 CT 106 AVENTURA FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR NATIVIDAD DE LAS CASAS 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: *1/15/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)