

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90072 001 ***200.00
 07-11-2000 90072 002 ***350.00

DOCUMENT # P99000102149

1. Entity Name
CROSSGREEN CORPORATION

Principal Place of Business: % PAULICH, SLACK & WOLFF, P.A. 801 ANCHOR RODE DRIVE, SUITE 203 NAPLES FL 34103
 Mailing Address: % PAULICH, SLACK & WOLFF, P.A. 801 ANCHOR RODE DRIVE, SUITE 203 NAPLES FL 34103

2. Principal Place of Business
3003 E. BUSCH BLVD

3. Mailing Address
3003 E. BUSCH BLVD.

Suite, Apt. #, etc. _____

City & State
TAMPA FL

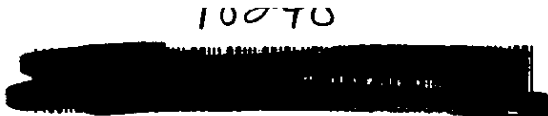
City & State
TAMPA, FL

4. FEI Number
59-3615440

Applied For
 Not Applicable

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

Zip Country Zip Country
33612-8733 USA 33612-8733 USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WOLFF, CASEY ESQ.
PAULICH, SLACK & WOLFF, P.A.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
SUPRADAS BARUA

Street Address (P.O. Box Number is Not Acceptable)
3003 E. BUSCH BLVD

City
TAMPA, FL 33612 FL

Zip Code
33612

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 Supradas Barua DATE 7/4/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	SUPRADAS BARUA <input type="checkbox"/> Delete PRESIDENT/DIRECTOR 3003 E. BUSCH BLVD TAMPA, FL 33612-8733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BIBNA RANI BARUA <input type="checkbox"/> Delete VICE-PRESIDENT 3003 E. BUSCH BLVD TAMPA, FL 33612-8733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC./TREASURER <input type="checkbox"/> Delete SUBARNA BARUA 3003 E. BUSCH BLVD. TAMPA, FL 33612-8733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Supradas Barua **SUPRADAS BARUA** 7/4/00 813-988-8491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

C-1E034 (9/95)