

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F79455

1. Entity Name

CROSSCO AMERICA CORPORATION

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90041 011 ***158.75

Principal Place of Business

Mailing Address

3851 NW 59 ST.
 MIAMI FL 33142

3851 NW 59 ST.
 MIAMI FL 33142-2031

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

59-2190413

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, GRISEL
3851 N.W. 59TH STREET
MIAMI FL 33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BLANCO, EDUARDO 305 HARBOR DR KEY BISCAYNE FL 33149	<input type="checkbox"/>		
VD BLANCO, FLORENTINO JR. 90 EDGEWATER DR #316 CORAL GABLES FL	<input type="checkbox"/>		
TD BLANCO, LIANA 4250 INGRAHAM HIGHWAY COCONUT GROVE FL 33133-6718	<input type="checkbox"/>		
SD GRISEL, DIAZ 6430 TAFT STREET #207 MIAMI FL 33024	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

CR2E034 (9/99)