

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565154

1. Entity Name

CROSS OVER ENTERPRISES, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90025 014 ***150.00

Principal Place of Business

8055 WEST 21ST LANE
HIALEAH FL 33016

Mailing Address

8055 WEST 21ST LANE
HIALEAH FL 33016-1827

2. Principal Place of Business

6187 N.W. 167TH ST

3. Mailing Address

6187 NW 167 STREET

Suite, Apt. #, etc.

SUITE H-22

Suite, Apt. #, etc.

SUITE H-22

City & State

MIAMI- FLORIDA

City & State

MIAMI- FLORIDA

Zip

33015

Country

DADE

Zip

33015

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1814920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVA, CARLOS
8055 WEST 21ST LANE
HIALEAH FL 33016

Name

OLIVA-CARLOS

Street Address (P.O. Box Number is Not Acceptable)

6187 NW 167 ST SUITE H-22

City

MIAMI

FL

Zip Code

33015

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLIVA, CARLOS	
STREET ADDRESS	11112 GRIFFING BLVD.	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OLIVA, JEANNE GIORDANO	
STREET ADDRESS	1112 GRIFFING BLVD	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVA, JEANNE GIORDANO	
STREET ADDRESS	1112 GRIFFING BLVD	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

CARLOS OLIVA

02/08/2000

315/822-9701

Date

Daytime Phone #

CR2E034 (9/99)