

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0010915
AT

DOCUMENT # A01000000731

1. Entity Name

CROSS AND CROWN, LTD

02 JUN 21 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

21510 SW 90TH AVE.
MIAMI FL 33189
US

Mailing Address

21510 SW 90TH AVE.
MIAMI FL 33189
US



2. Principal Place of Business

9857 SW 159 PATH

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

MIAMI FL

City & State

4. FEI Number

05-1127637

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

Country

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

LOBAINA, ADRIAM

21510 SW 90TH AVE.
MIAMI FL 33189

Name

ADRIAM LOBAINA

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

9857 SW 159 PATH

City

MIAMI

FL

Zip Code

33196

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.

ADRIAM LOBAINA - GENERAL PARTNER 4/20/02

DATE

9. Capital Contributions
as Shown on record.

\$3,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

LOBAINA, ADRIAM
21510 SW 90TH AVE
MIAMI FL 33189

STREET ADDRESS

CITY-ST-ZIP

9857 SW 159 PATH

MIAMI FL 33196

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF \$ 141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005600938--6

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*****52.50 *****52.50

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005600938--6

-05/24/02--01005--020

*****88.75 *****88.75

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

ADRIAM LOBAINA

4/20/02 305-903-8449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)