

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90059 037 ****70.00

DOCUMENT # F00000006773

1. Entity Name

C.R.O.S.S., INC.

Principal Place of Business

13735-C S.W. 84TH ST.
 MIAMI FL 33183

Mailing Address

13735-C S.W. 84TH ST.
 MIAMI FL 33183

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-3373635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOCH, KATIE
 13735-C S.W. 84TH ST.
 MIAMI FL 33183

7. Name and Address of New Registered Agent

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

Katie M. Koch

02-16-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete
 NAME **CARR, LORAIN**
 STREET ADDRESS **13735-C S.W. 84TH ST.**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VCVT** ☐ Delete
 NAME **KOCH, KATIE**
 STREET ADDRESS **13735-C S.W. 84TH ST.**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete
 NAME **DALEY, SANDRA**
 STREET ADDRESS **10 JOPLIN COURT**
 CITY-ST-ZIP **STAFFORD VA 22554**

TITLE **D** ☐ Delete
 NAME **RIGGINS, RUTH**
 STREET ADDRESS **16580 S.W. 103 PL**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **S** ☐ Delete
 NAME **JONES, KATINA**
 STREET ADDRESS **214 DURANZO AISLE**
 CITY-ST-ZIP **IRVINE CA 92606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katie M. Koch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-01 (305)385-1081

Date

Daytime Phone #

CR2E037 (10/00)