

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90078 017 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 **4203 HAVENRIDGE DRIVE**
CITY-ST-ZIP **CORONA CA 92883**

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 **20-PALENTINE # 249**
CITY-ST-ZIP **IRVINE CA 92612**

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

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

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

TITLE ☐ Change ☐ Addition
NAME **S**
STREET ADDRESS **Bland, KATINA**
CITY-ST-ZIP **4316 MARINA CITY DR. # 231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **MARINA DEL Rey, CA.**
CITY-ST-ZIP **90292**

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 KOCH**

7-15-03 (305) 386-1165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)