

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001397

1. Entity Name

CROSSROADS FOR WOMEN INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90019 021 ****70.00

Principal Place of Business

Mailing Address

23W440 ST. CHARLES RD.
CAROL STREAM IL 60188

23W440 ST. CHARLES RD.
CAROL STREAM IL 60188-2870

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

36-3901379

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

ANDRADE, ROBERT
4885 MCELROY
TAMPA FL 33609

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

Robert Andrade

ROBERT ANDRADE

2-10-2000

*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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDC ☐ Delete
NAME ROSADO, ROBERT REV
STREET ADDRESS 23W440 ST. CHARLES RD.
CITY-ST-ZIP CAROL STREAM IL 60188

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

TITLE VTDC ☐ Delete
NAME ROSADO, NORMA
STREET ADDRESS 23W440 ST. CHARLES RD.
CITY-ST-ZIP CAROL STREAM IL 60188

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

TITLE D ☐ Delete
NAME SILVA, MARISA
STREET ADDRESS 15947 LARAMIE
CITY-ST-ZIP OAK FOREST IL 60452

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

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: *Robert Rosado* ROBERT ROSADO

1/10/2000

630
221-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)