

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

06-28-2001 90001 035 ****61.25

DOCUMENT # <u>N000000002687</u>			
1. Entity Name Cross Is, Inc.			
Principal Place of Business 1279 Houston Street #205 Melbourne, FL 32935		Mailing Address 1279 Houston Street #205 Melbourne, FL 32935	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <u>59-3640581</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Natalia Utrera Spiegel & Utrera, PA 343 Almeria Avenue Coral Gables, FL 33134		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 <u>Natalia Utrera</u>		DATE <u>9-22-01</u>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	President Donald Dziubinski 1279 Houston Street #205 Melbourne, FL 32935 <input type="checkbox"/> Delete	TITLE <u>T</u> NAME STREET ADDRESS CITY-ST-ZIP	Board Member Jody Ann Carter 6665 S. Tropical Trail Merriitt Island, FL 32952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	Secretary Vickie Scott 150 E. University Blvd #209 Melbourne, FL 32901 <input type="checkbox"/> Delete	TITLE <u>T</u> NAME STREET ADDRESS CITY-ST-ZIP	Board Member Joseph L. Conneen, Jr PO Box 360264 Melbourne, FL 32936-0264 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	Board Member Marta-Fiol 2861 Locksley Road Melbourne, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	Board Member John Alexander Burnett 2054 Kent Street NE Palm Bay, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>T</u> NAME STREET ADDRESS CITY-ST-ZIP	Board Member Charles R. Stark, MD, PhD 1106 Parkside Place Indian Harbour Bch, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>T</u> NAME STREET ADDRESS CITY-ST-ZIP	Board Member Rosemary Stipo 1299 Meadowbrook Road NE Palm Bay, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u>		Date _____ Daytime Phone # _____	

CR2E037 (11/00)