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

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90414 048 ****61.25

669903

DOCUMENT # N00000002687

1. Entity Name: CROSS IS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1106 Parkside Place	1106 Parkside Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indian Harbour Beach FL	City & State: Indian Harbour Beach FL
Zip: 32937 Country: USA	Zip: 32937 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3640581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Utera, Natalia, Spiegel & Utera PA

Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Ave

City: Coral Gables FL Zip Code: 33134

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Donald Dzirbinski 1106 Parkside Place Indian Harbour Beach FL 32937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Charles R. Stark 1106 Parkside Place Indian Harbour Beach FL 32937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marta Fiol 2861 Locksley Road Melbourne FL 32935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P John Burnett 2054 Kent Street NE Palm Bay FL 32907
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles R. Stark 1106 Parkside Place Indian Harbour Beach FL 32937
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rosemary Stipo 1299 Meadowbrook Rd. NE Palm Bay FL 32905

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R Stark 5.1.02 321.779.3944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #