

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90033 042 \*\*\*\*63.75

DOCUMENT # **N00000006079**

1. Entity Name  
**Crossover For Women International, Inc.**

Principal Place of Business Mailing Address  
**845 Sunridge Point P.O. Box 172913**  
**Seffner, FL 33584-5905 Tampa, FL 33672**

**A0072209**

2. Principal Place of Business 3. Mailing Address  
**845 Sunridge Point P.O. Box 172913**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**Seffner, FL. TAMPA, FL. 59-3684517** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**33584-5905 U.S.A. 172913 U.S.A.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**Robert Andrade** Name **Robert Andrade**  
**4885 McElroy Street** Street Address (P.O. Box Number is Not Acceptable)  
**Tampa, FL 33611** **10105 CEDAR DUNE DR.**  
 City **TAMPA** FL **33624**

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** 5-25-01  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!! FEE IS \$150.00**  
 (See criteria on back) **AFTER MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D-P</b>	<b>Robert Andrade</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10105 Cedar Dune Dr.</b>	NAME	
STREET ADDRESS	<b>TAMPA FL 33624</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D-S</b>	<b>Alicia M. Andrade</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10105 Cedar Dune Dr.</b>	NAME	
STREET ADDRESS	<b>Tampa FL 33624</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D-VP</b>	<b>Anthony Oliver</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4020 50th Ave. N.</b>	NAME	
STREET ADDRESS	<b>St. Petersburg FL 33714</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Andrade** 5-25-01 813-655-4457  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)

**CROSSOVER FOR WOMEN**

P.O. Box 172913  
Tampa, Fl. 33672-0913  
813-655-4457 Center  
813-643-9569 Fax

Attachment  
at #N00000006079  
AW72209

May 22, 2001

State of Florida

Department of Corporations  
RE: UBR 2001

N00000006079

To Whom It May Concern:

As per my phone conversation, I wanted to clarify that the UBR for Crossover for Women is delinquent because a:) the original was never received and b:) the first blank UBR form which I called to have sent in April was also never received. I believe the problem may lie in the fact that the address for the registered agent has changed and these forms may not have been forwarded.

Please note that the registered agent (myself) Robert Andrade has a new mailing address- 10105 Cedar Dune Drive, Tampa, Fl. 33624 and that the corporation Crossover for Women International, Inc. will be using its PO address- P.O. Box 172913, Tampa, Fl. 33672-0913. This has also been noted on the blank UBR form enclosed.

Thank-you.

Sincerely,

Pastor Robert Andrade  
Director  
Crossover for Women