

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

07-31-2001 90227 014 ***555.00

0142461 SP

DOCUMENT # P00000070151

1. Entity Name

CROSS WINDS PRODUCTIONS INC.

Principal Place of Business

60 SALANO PRADO OLD CUTLER BAY
 CORAL GABLES FL 33156

Mailing Address

60 SALANO PRADO OLD CUTLER BAY
 CORAL GABLES FL 33156

2. Principal Place of Business

FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

60 SALANO PRADO

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

4. FEI Number

22-3743428

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

Country

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

FINNERTY, JAMES

60 SALANO PRADO OLD CUTLER BAY
 CORAL GABLES FL 33156

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

James Finnerty

Signature, typed or printed name of registered agent and (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. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
 NAME FINNERTY, JAMES
 STREET ADDRESS 60 SALANO PRADO OLD CUTLER BAY
 CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

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

TITLE President
 NAME FINNERTY JAMES
 STREET ADDRESS 60 SALANO PRADO
 CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Finnerty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-2001 305 6694397

CR2E034 (5/01)