

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90017 004 ***150.00

DOCUMENT # P0000001026093 ✓

1. Entity Name

CRISS CROSS RECORDS Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4599 N St. Rd. 7

Suite, Apt. #, etc.

Suite H

City & State

Ft. Lauderdale, FL

Zip

33319

Country

Broward

3. Mailing Address

4599 N State Rd. 7

Suite, Apt. #, etc.

Suite H

City & State

Ft. Lauderdale, FL

Zip

33319

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1092622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Moses A. Cross

Street Address (P.O. Box Number is Not Acceptable)

4599 N State Rd. 7

Suite H

City

Ft. Lauderdale

FL

Zip Code

33319

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IN THIS SPACE**

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME MOSES A. CROSS
STREET ADDRESS 4599 N STATE Rd 7, Suite H
CITY-ST-ZIP Ft. Lauderdale, FL 33319

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/02

Daytime Phone #

CR2E034B (12/01)