APR 02 02 06:09P

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000103242

1. Entity Name
CROSSROADS CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
70 SAMANA DR.
Suite, Apt. #, etc.
BAY HIGHT
City & State
MIAMI FL
Zip 33133
Country

3. Mailing Address
70 SAMANA DR.
Suite, Apt. #, etc.
BAY HIGHT
City & State
MIAMI FL
Zip 33133
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082850 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 SOSA, ORBELINDA M.
Street Address (P.O. Box Number is Not Acceptable)
70 SAMANA DR.
BAY HIGHT
City MIAMI FL Zip Code 33133

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

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	PD
NAME	SOSA, ORBELINDA M.
STREET ADDRESS	70 SAMANA DR. BAY HIGHT
CITY-ST-ZIP	MIAMI FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Orbelinda Sosa 04/29/02 305-606-3484

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