

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91013 015 ***150.00

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DOCUMENT # P02000080454

1. Entity Name
CROSS ROADS CONSULTING CORP.



Principal Place of Business
**9844 S.W. 88 STREET
A-211
MIAMI FL 33176**

Mailing Address
**9844 S.W. 88 STREET
A-211
MIAMI FL 33176**



2. Principal Place of Business
16411 SW 101 Ave
Suite, Apt. #, etc.

3. Mailing Address
16411 SW 101 Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
13-4206330

Applied For
Not Applicable

Zip
33157

Country
USA

Zip
33157

Country
USA

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

6. Name and Address of Current Registered Agent

**ESTEVEZ, MOISES
9844 SW 88 STREET
APT. A-211
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name
MOISES ESTEVEZ
Street Address (P.O. Box Number is Not Acceptable)
16411 SW 101 Ave
City **MIAMI** **FL** Zip Code **33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ESTEVEZ, MOISES	
STREET ADDRESS	9844 SW 88 STREET APT. A-211	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input type="checkbox"/> Delete
NAME	ESTEVEZ, CHRIS P	
STREET ADDRESS	9844 SW 88 STREET APT. A-211	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

786-572-0855

Date

Daytime Phone #

CR2E034 (10/02)