

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

7/28

07-28-2003 90147 040 ***150.00

DOCUMENT # P02000127202

1. Entity Name
CROSSOVER TRADING, INC.



Principal Place of Business
6973 NW 19TH ST
MARGATE FL 33063

Mailing Address
6973 NW 19TH ST
MARGATE FL 33063

55053721



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SELTZER, COLLEEN M 6973 NW 19TH ST MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: COLLEEN SELTZER **SIGNATURE REQUIRED** Colleen Seltzer 7-22-03 9549723498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment#

55053721

8/6/03

CROSSOVER TRADING, INC
6973 NW 19TH STREET
MARGATE, FL 33063

FLORIDA DEPARTMENT OF STATE
PO BOX 1500
TALLAHASSEE, FL 32302-1500
REFERENCE # PO2000127202

TO WHOM IT MAY CONCERN,

I JUST RECEIVED YOUR LETTER STATING THAT MY CORPORATION NEEDS TO PAY THE \$400.00 LATE FEE. I CALLED THE DIVISION OF CORPORATIONS AND EXPLAINED THAT I DID NOT RECEIVE THE FIRST NOTICE AND THAT I WROTE A LETTER ALONG WITH MY CHECK FOR \$150.00. APPARENTLY MY LETTER WAS DETACHED FROM THE CHECK. THEREFORE, I AM WRITING THIS LETTER AGAIN TO CONFIRM THAT I, COLLEEN SELTZER (PRESIDENT OF CROSSOVER TRADING, INC), DID NOT RECEIVE THE FIRST NOTICE ABOUT THE UNIFORM BUSINESS REPORT FILING. I AM A NEW CORPORATION AND I WAS UNAWARE OF THIS FILING. I WILL BE SURE TO MAKE THE APPROPRIATE NOTES TO BE AWARE OF THIS NEXT YEAR. THEREFORE, I AM ASKING FOR THE FEE OF \$400.00 TO BE WAIVED.

IF YOU HAVE ANY QUESTIONS, YOU CAN REACH ME AT (954) 972-3498. THANK YOU IN ADVANCE FOR YOUR TIME.

SINCERELY,


COLLEEN SELTZER
PRESIDENT