2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90034 049 ***158.75

DOCUMENT # P93000038147

1. Entity Name
J. M. CROSS TRADING CORP.

Principal Place of Business	Mailing Address
% DOUGLAS CRUZ 1390 NW 81ST AVE PLANTATION FL 33322-5794	% DOUGLAS CRUZ 1390 NW 81ST AVE PLANTATION FL 33322-5794

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9060 N.W. 14th STREET	9060 NW 14th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FL.	City & State: PLANTATION, FL.
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. FEI Number 65-0440135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, DOUGLAS
1390 NW 81ST AVE
PLANTATION FL 33322-5794

7. Name and Address of New Registered Agent

Name: DOUGLAS CRUZ
Street Address (P.O. Box Number is Not Acceptable): 9060 N.W. 14th STREET
City: PLANTATION, FL Zip Code: 33324

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: Douglas Cruz. DOUGLAS CRUZ, V. PRES. DATE: 3/30/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After MAY 1, 2000 Fee will be $550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, DOUGLAS ~~1390 NW 81ST AVE~~ ~~PLANTATION FL 33322-5794~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOUGLAS CRUZ 9060 NW. 14th STREET PLANTATION, FL. 33324 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Douglas Cruz DOUGLAS CRUZ 3/30/00 (954) 472-6[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #