

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90006 049 ***150.00

80000652



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000024458

1. Entity Name
ACROSS INTERNATIONAL, INC.

Principal Place of Business 6250 PALM TRACE LANDINGS 205 DAVIE FL 33314 US	Mailing Address 6250 PALM TRACE LANDINGS 205 DAVIE FL 33314 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**TOLEDO, KATHLEEN M
 6250 PALM-TRACE LANDINGS DRIVE #205
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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

TITLE D	<input type="checkbox"/> Delete
NAME TOLEDO, RENATO M	
STREET ADDRESS 113 LAKE EMERALD DRIVE	
CITY-ST-ZIP FT. LAUDERDALE FL 33309	
TITLE P	<input type="checkbox"/> Delete
NAME TOLEDO, KATHLEEN M	
STREET ADDRESS 113 LAKE EMERALD DRIVE	
CITY-ST-ZIP FT. LAUDERDALE FL 33309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Toledo, Renato M	
STREET ADDRESS 6250 Palm Trace Landings Dr #205	
CITY-ST-ZIP DAVIE Florida. 33314	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Toledo, Kathleen M	
STREET ADDRESS 6250 Palm Trace Landings Dr #205	
CITY-ST-ZIP DAVIE Florida 33314	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Kathleen M. Toledo 01.04.00 954 791-9401

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

CR2E034 (10/00)