

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
 03-03-2002 90067 024 \*\*\*150.00

AV

**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**

2. Principal Place of Business

**9118 D S.W. 20th Court  
 Suite, Apt. #, etc.  
 D**

3. Mailing Address

**9118 D S.W. 20th Court  
 Suite, Apt. #, etc.  
 D**

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

Zip  
**33324**

Country  
**USA**

Zip  
**33324**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

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  
**Toledo, Kathleen M**

Street Address (P.O. Box Number is Not Acceptable)

**9118 D S.W. 20th Court**

City  
**DAVIE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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** ☐ Delete  
 NAME  
**TOLEDO, RENATO M**  
 STREET ADDRESS  
**6250 PALM TRACE LANDINGS DR 205**  
 CITY-ST-ZIP  
**DAVIE FL 33314**

TITLE  
**P** ☐ Delete  
 NAME  
**TOLEDO, KATHLEEN M**  
 STREET ADDRESS  
**6250 PALM TRACE LANDINGS DR 205**  
 CITY-ST-ZIP  
**DAVIE FL 33314**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D** ☒ Change ☐ Addition  
 NAME  
**Toledo, Renato M**  
 STREET ADDRESS  
**9118 D S.W. 20th Court**  
 CITY-ST-ZIP  
**DAVIE FL 33324**

TITLE  
**P** ☒ Change ☐ Addition  
 NAME  
**Toledo, Kathleen M**  
 STREET ADDRESS  
**9118 D S.W. 20th Court**  
 CITY-ST-ZIP  
**DAVIE FL 33324**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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** Kathleen M. Toledo 02-15-02 954-484-585  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)