

DOCUMENT # P96000033811

1. Entity Name

CROSSOVER RECORDS, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90293 028 ***150.00

Principal Place of Business

10123 SW 72 ST
MIAMI FL 33173
US

Mailing Address

10123 SW 72 ST
MIAMI FL 33173
US

2. Principal Place of Business

6334 SW 139th Ct.

3. Mailing Address

P.O. Box 831567

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

City & State

Miami, FLORIDA

Zip

33183

Country

USA

Zip

33283

Country

USA

4. FEI Number

65-0700178

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STACO, HAROLD
10123 SW 72 ST
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

LIONEL J. DUVERVAL

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

6334 SW 139th Court.

City

Miami

FL

Zip Code

33183

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, if not a printed name of registered agent and title if applicable.

Lionel Duverval President/Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DUPERVAL, LIONEL	
STREET ADDRESS	10103 SOUTHWEST 72ND STREET	
CITY-ST-ZIP	MIAMI FL 33173	

TITLE	DV	<input type="checkbox"/> Delete
NAME	STACO, HAROLD	
STREET ADDRESS	10103 SOUTHWEST 72ND STREET	
CITY-ST-ZIP	MIAMI FL 33173	

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		

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

12. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

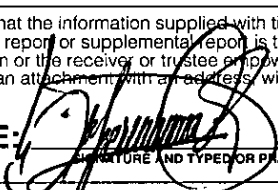
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:



LIONEL DUVERVAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/01

Date

(305) 383-3333

Daytime Phone #

CR2E034 (10/00)