

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086733

1. Entity Name

CROSSRIVER ASSOCIATES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90148 002 ***150.00

Principal Place of Business

Mailing Address

6011 WEST 16TH AVENUE
HIALEAH FL 33012

P.O. BOX 4236
MIAMI FL 33014-0236
US

2. Principal Place of Business

3. Mailing Address

600 PALM AVE.

PO BOX 162804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL

MIAMI FL

Zip

Country

Zip

Country

33010

USA

33116

USA

4. FEI Number

65-0786381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBEN E. DORTA, P.A.
6011 WEST 16TH AVENUE
HIALEAH FL 33012

Name

FRANK DELAPAZ

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

600 PALM AVE SUITE C

City

HIALEAH

FL

Zip Code
33010

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

FRANK DELAPAZ PresT

4-26-2000

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
VD
RODRIGUEZ, JORGE L
6011 WEST 16TH AVENUE
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RODRIGUEZ, JORGE L
600 PALM AVE suite C
HIALEAH FL 33010 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DELAPAZ, FRANK
6011 WEST 16TH AVENUE
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DELAPAZ, FRANK.
600 PALM AVE suite C
HIALEAH FL 33010 ☒ 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
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STREET ADDRESS
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

FRANK DELAPAZ PresT

4-26-2000 305-887-1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)