

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 90376 048 \*\*\*150.00

**DOCUMENT # P97000086733**

1. Entity Name  
**CROSSRIVER ASSOCIATES, INC.**



Principal Place of Business  
**600 PALM AVE  
STE C  
HIALEAH FL 33010**

Mailing Address  
**P.O. BOX 162804  
MIAMI FL 33116  
US**

**33044066**



2. Principal Place of Business  
**10585 SW 109th Court**

3. Mailing Address

Suite, Apt. #, etc.  
**201**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State

4. FEI Number **65-0786381**

Applied For  
☐ Not Applicable

Zip  
**33176**

Country  
**U S**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DE LA PAZ, FRANCISCO  
600 PALM AVE STE C  
HIALEAH FL 33010~~

Name **Buroserv**

Street Address (P.O. Box Number is Not Acceptable)  
**10585 SW 109th Court**

**Ste 201**

City **Miami**

**FL**

Zip Code  
**33176**

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. I am familiar with, and accept the obligations of registered agent.

**BUROSERV BY**

SIGNATURE

Signature of officer or director of registered agent and agent applicable.

**Francisco DE La Paz OWNER. 4/30/2003**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **VD RODRIGUEZ JORGE L** ☒ Delete  
STREET ADDRESS **600 PALM AVE STE C**  
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE  
NAME **PSTD DE LA PAZ, FRANCISCO** ☐ Delete  
STREET ADDRESS **600 PALM AVE STE C**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE  
NAME **PSTD De La Paz, Francisco** ☒ Change ☐ Addition  
STREET ADDRESS **10585 SW 109th Ct Ste 201**  
CITY-ST-ZIP **Miami, FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without like empowerment.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**Francisco De La Paz 4/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)