

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038489

1. Entity Name

CROSSWAY GROUP INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90158 038 \*\*\*150.00

Principal Place of Business

7860 PETERS RD  
F-100  
PLANTATION FL 33324

Mailing Address

7860 PETERS RD  
F-100  
PLANTATION FL 33324-4026

2. Principal Place of Business

3501 S. UNIVERSITY DR

3. Mailing Address

3501 S. UNIVERSITY DR.

Suite, Apt. #, etc.

# 9

Suite, Apt. #, etc.

# 9

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

USA

Zip

33328

Country

USA

6. Name and Address of Current Registered Agent

KELTY, DARIAN E  
3200 PORT ROYALE NORTH #2005  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **DARIAN E. KELTY**

Street Address (P.O. Box Number is Not Acceptable)  
**3501 S. UNIVERSITY DR. #9**

City **DAVIE**

FL

Zip Code  
**33328**

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

**1-21-2000**

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

TITLE **D** ☐ Delete  
NAME **KELTY, DARIAN E**  
STREET ADDRESS **4800 BAYVIEW DR #903**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete  
NAME **ADAMS, RICHARD J**  
STREET ADDRESS **3200 PORT ROYALE NORTH #2005**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **DARIAN E. KELTY**  
STREET ADDRESS **3501 S. UNIVERSITY DR. #9**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **D** ☒ Change ☐ Addition  
NAME **RICHARD J ADAMS**  
STREET ADDRESS **3501 S. UNIVERSITY DR. #9**  
CITY-ST-ZIP **DAVIE FL 33328**

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

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

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

TITLE ☐ Change ☐ 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:

**DAVID E. KELTY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-2000**

Date

**954-424-7705**

Daytime Phone #

CR2E034 (9/99)