

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038489

1. Entity Name

CROSSWAY GROUP INC.

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

03-02-2001 90119 028 ***158.75

Principal Place of Business

Mailing Address

~~3501 S. UNIVERSITY DR.~~

~~3501 S. UNIVERSITY DR.~~

~~#9~~

~~#9~~

~~DAVIE FL 33328~~

DAVIE FL 33328

2. Principal Place of Business

1080 SW 46 Avenue

3. Mailing Address

1080 SW 46 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

Pampano Beach FL

City & State

Pampano Beach, FL

Zip

33069

Country

Broward

Zip

33069

Country

Broward

4. FEI Number

65-0832982

Applied For

Not Applicable

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

KELTY, DARIAN E

3501 S UNIVERSITY DR. #9

FORT LAUDERDALE FL 33328

Name

RICHARD J. ADAMS

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

13101 SW 16th Court

DAVIE, FL 33325

City

DAVIE,

FL

Zip Code

33325

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

RICHARD J. ADAMS (P)

1-19-01

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	KELTY, DARIAN E	
STREET ADDRESS	3501 S. UNIVERSITY DR. #9	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, RICHARD J	
STREET ADDRESS	3501 S. UNIVERSITY DR. #9	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR / PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RICHARD J.	
STREET ADDRESS	13101 SW 16th COURT	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	DIRECTOR / SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARAND, PAUL	
STREET ADDRESS	1080 SW 46 AVE, #104	
CITY-ST-ZIP	PAMPANO BEACH, FL 33069	
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:

RICHARD J. ADAMS

2-27-01

Date

954 424 4434

Daytime Phone #

CR2E034 (10/00)