2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # P98000038489 1. Entity Name 02-11-2002 90120 007 ***158.75 CROSSWAY GROUP INC. Principal Place of Business Mailing Address 1080 SW 46 AVENUE 1080 SW 46 AVENUE 140044 #104 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business 10400 GRIFFIN RD. 10400 GRIFFIN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 201 201 Applied For 4. FE! Number City & State City & State 65-0832982 Not Applicable FORT MUDERDALE FORT LAUDERDALE \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMS, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 13101 SW 16TH COURT DAVIE FL 33325 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition DST Change Delete TITLE TITLE MARANDO, PAUL NAME MARANDO, PAUL NAME 83 STREET 10601 NW STREET ADDRESS 1080 SW 46 AVENUE #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33069 TAMARAC ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME ADAMS, RICHARD J STREET ADDRESS STREET ADDRESS 13101 SW 16TH COURT CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33325** ☐ Change Addition Delete TITLE NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of an address, with all other life empowered.

CAULT MARANDO 1-22-02

EXT. 302

FILED