

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013484

1. Entity Name

CROSS SOLUTIONS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90047 049 ***150.00

Principal Place of Business

Mailing Address

301 SOUTH PARK ROAD
 SUITE 203
 HOLLYWOOD FL 33021

POST OFFICE BOX 814388
 HOLLYWOOD FL 33081-4388

2. Principal Place of Business

28090 DOVEWOOD COURT

3. Mailing Address

P.O. BOX 1288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

208

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0895402

Applied For

Not Applicable

Zip

Country

Zip

Country

34135

LEE

34133

LEE

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

MARY DE LEON

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

28090 DOVEWOOD COURT #208

City

BONITA SPRINGS,

FL

Zip Code

34135

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

Mary de Leon

MARY DE LEON

PRESIDENT

4/24/2000

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, 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 PSTD ☐ Delete
 NAME DE LEON, MARY
 STREET ADDRESS 901 SOUTH PARK ROAD
 CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition
 NAME *28090 DOVEWOOD COURT*
 STREET ADDRESS *BONITA SPRINGS FL 34135*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Mary de Leon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
 Date

941-498-7888
 Daytime Phone #

CR2E034 (9/99)