

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90987 017 ***150.00

C0058749

DOCUMENT # P99000053678

1. Entity Name

Cross-Connect Communications, Inc

Principal Place of Business

1830 Hypoluxo Rd
 Ste B-102
 Lantana, FL 33462

Mailing Address

1830 Hypoluxo Rd
 Ste B-102
 Lantana, FL 33462

2. Principal Place of Business

1830 Hypoluxo Rd

Suite, Apt. #, etc.

Suite - B-102

City & State

Lantana, FL

Zip

33462

Country

U.S.A.

3. Mailing Address

2600 N MILITARY TRAIL

Suite, Apt. #, etc.

Suite 230

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

4. FEI Number

650926583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Thompson, Lisa
 1830 Hypoluxo Rd
 Ste B-102
 Lantana FL 33462

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

TITLE VPSD
 NAME THOMPSON, LISA
 STREET ADDRESS 1830 Hypoluxo Rd Ste B-102
 CITY-ST-ZIP LANTANA FL 33462

TITLE PTD
 NAME THOMPSON, BENJAMIN
 STREET ADDRESS 1830 Hypoluxo Rd Ste B-102
 CITY-ST-ZIP LANTANA, FL 33462

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

Ben Thompson

BENJAMIN THOMPSON

4/20/01

561-995-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)