

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062024

1. Entity Name

CROSSOVER ENTERTAINMENT, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90030 007 ***150.00

Principal Place of Business

Mailing Address

3741 SUNNY ISLES BLVD
 #187
 SUNNY ISLES FL 33160-4104

3741 SUNNY ISLES BLVD
 #187
 SUNNY ISLES FL 33160-4104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0938498

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

GARCIA, FRANCISCO J
 6061 COLLINS AVE. # 4E
 MIAMI BEACH FL 33141

Name

GARCIA FRANCISCO J.

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

City

3741 sunny isles Blvd #187
 Sunny Isles FL FL Zip Code 33160

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVPT
 GARCIA, FRANCISCO J
 6061 COLLINS AVE. # 4E
 MIAMI BEACH FL 33141 ☐ Delete

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

TITLE
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 GARCIA, FRANCISCO J
 6061 COLLINS AVE. # 4E
 MIAMI BEACH FL 33141 ☐ Delete

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 6061 COLLINS AVE. # 4E
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 01/14/2000

Date

Daytime Phone #

CR2E034 (9/99)