

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076716

1. Entity Name  
**CROSBORDER MARKETING, INC.**

Principal Place of Business  
**8255 LAKE DRIVE, STE F-305  
MIAMI FL 33166**

Mailing Address  
**8255 LAKE DRIVE, STE F-305  
MIAMI FL 33166**

2. Principal Place of Business  
**1410 SW 164 Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**1410 SW 164 Ave**  
Suite, Apt. #, etc.

City & State  
**Pembroke Pines, FL**  
Zip  
**33027** Country  
**USA**

City & State  
**Pembroke Pines, FL**  
Zip  
**33027** Country  
**USA**

4. FEI Number **65-0945123** 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

**ROQUE, ADELFO**  
**1410 SW 164TH AVE**  
**PEMBROKE PINES FL 33027**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **GREENAWALT, LAURA E**  
STREET ADDRESS **8255 LAKE DRIVE, STE F-305**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PD** ☒ Change ☐ Addition  
NAME **GREENAWALT, LAURA E**  
STREET ADDRESS **11509 NW 62ND TERR # 344**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE **TD** ☐ Delete  
NAME **ROQUE, ADELFO**  
STREET ADDRESS **1410 SW 164TH AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

(954) 431-2504

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)