2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087315

1. Entity Name

CROSSINGS WAREHOUSE ASSOCIATES, INC.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90226 047 ***150.00

Principal Place of Business 1765 S.W. 87TH AVE., STE. 200 MIAMI FL 33173		Mailing Address 7765 S.W. 87TH AVE STE. 200 MIAMI FL 33173					110102J4				
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State	е	City & State			4.		FEI Number 65-0954177			plied For t Applicable	
Zip	Zip Country		Zip		Country		. Certificate of Status Desired		8.75 Add	litional	
6. Name and Address of Current Register			tered Agent			7.	Name and Address of New Re	gistered Ag	jent.		
					Name						
CASTELLON, ALBERT			Street Address			Idraea /DO	Day Number in Not Assessable				
7765 SW 8					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 200											
						•••			T		
MIAMI FL	33173				City			FL	Zip Code	9	
	named entity submits this statement fo ions of registered agent.			register	ed office or	registered a	agent, or both, in the State of Flori	da. I am fa	miliar with, a	and accept	
JIGNATORE .	Signature, typed or printed name of registered agent	and title if applica	sble. (NOTE	: Registere	ed Agent signatu	re required when	n reinstating)	DATE		,	
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of			- -			9. Election Campaign Fina Trust Fund Contribution		Added	May Be to Fees	
10.	OFFICERS AND	DIRECTOR		11.	1		ADDITIONS/CHANGES TO OFFIC				
	PD BANGOURT BANGO A		☐ Delete	TITL					☐ Change	Addition	
	BETANCOURT, RAMIRO A 7765 SW 87TH AVE., STE. 200			NAN STD	EET ADDRESS						
	MIAMI FL 33173 -				-ST-ZIP						
	,			-					Change	Addition	
TTLE	VSTD		☐ Delete	TITL					Glange	Accilion	
	Castellon, Albert 7765 S.W. 87th Ave., Ste. 200				EET ADORESS						
	MIAMI FL 33173				/-ST-ZIP						
TITLE	INICAM TE COTTO		Delete		F				☐ Change	☐ Addition	
NAME	محد حمد جاريان المحدد ال		Deieee_=	NAN		لبت بمحس	يمونين يا راليندسات يباد سي	. ,	. ۱۳۰۰ ن		
STREET ADDRESS					EET ADDRESS						
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TITLE			☐ Delete	TITL	F				☐ Change	Addition	
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CITY-ST-ZIP				CITY	/-ST-ZIP		•				
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STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	- ·			4	/-ST-ZIP						
12 I hereby c	certify that the information supplied with	this filing d	oes not qualify for	the exe	emption state	ed in Section	n 119.07(3)(i), Florida Statutes, Li	urther certif	v that the ir	nformation	

2. Thereby 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 10 or Block 11 if changed, or on an attachine it will at address. The information is fine information and that my name appears in Block 10 or Block 11 if changed, or on an attachine it will at address. The information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certification in Section 119.07(3)(iii), Florida Statutes.<

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Daylime Phone #

CR2E034 (10/02)