2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/28

FILED
Aug 08, 2003 8:00 am
Secretary of State
07-28-2003 90147 040 ***150.00

55053721

DOCUMENT # P02000127202

1. Entity Name
CROSSOVER TRADING, INC.

Principal Place of Business	Mailing Address
6973 NW 19TH ST MARGATE FL 33063	6973 NW 19TH ST MARGATE FL 33063

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SELTZER, COLLEEN M 6973 NW 19TH ST MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colleen Seltzer 7-22-03 9549723498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

550537121 8/6/03

CROSSOVER TRADING, INC
6973 NW 19TH STREET
MARGATE, FL 33063

FLORIDA DEPARTMENT OF STATE
PO BOX 1500
TALLAHASSEE, FL 32302-1500
REFERENCE # PO2000127202

TO WHOM IT MAY CONCERN,

I JUST RECEIVED YOUR LETTER STATING THAT MY CORPORATION NEEDS TO PAY THE $400.00 LATE FEE. I CALLED THE DIVISION OF CORPORATIONS AND EXPLAINED THAT I DID NOT RECEIVE THE FIRST NOTICE AND THAT I WROTE A LETTER ALONG WITH MY CHECK FOR $150.00. APPARENTLY MY LETTER WAS DETACHED FROM THE CHECK. THEREFORE, I AM WRITING THIS LETTER AGAIN TO CONFIRM THAT I, COLLEEN SELTZER (PRESIDENT OF CROSSOVER TRADING,INC), DID NOT RECEIVE THE FIRST NOTICE ABOUT THE UNIFORM BUSINESS REPORT FILING. I AM A NEW CORPORATION AND I WAS UNAWARE OF THIS FILING. I WILL BE SURE TO MAKE THE APPROPRIATE NOTES TO BE AWARE OF THIS NEXT YEAR. THEREFORE, I AM ASKING FOR THE FEE OF $400.00 TO BE WAIVED.

IF YOU HAVE ANY QUESTIONS, YOU CAN REACH ME AT (954) 972-3498. THANK YOU IN ADVANCE FOR YOUR TIME.

SINCERELY,

C Selt

COLLEEN SELTZER
PRESIDENT