

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019975

1. Entity Name

SMUUTHCRUZ, INC.

Principal Place of Business

Mailing Address

2 SOUTH BISCAYNE BOULEVARD  
SUITE 1800  
MIAMI FL 33131

2 SOUTH BISCAYNE BOULEVARD  
SUITE 1800  
MIAMI FL 33131-1808

2. Principal Place of Business

616 SAN ESTEBAN

3. Mailing Address

616 SAN ESTEBAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

U.S.

Zip

33146

Country

U.S.

4. FEI-Number

05-0901451

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL A  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 1800  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

MANUEL DE ZARRAGA

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

616 SAN ESTEBAN

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

1-31-2000

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

TITLE ☐ Delete  
NAME DE ZARRAGA, MANUEL  
STREET ADDRESS 2 SOUTH BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME CIVANTOS, FRANCISCO  
STREET ADDRESS 2 SOUTH BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME RIVERO, JOSE I  
STREET ADDRESS 2 SOUTH BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MANUEL DE ZARRAGA

1/31/00

305  
358-5522