

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90033 007 ***158.75

DOCUMENT # P99000019975

1. Entity Name
SMUUTHCRUZ, INC.

Principal Place of Business Mailing Address
2 SOUTH BISCAYNE BOULEVARD **2 SOUTH BISCAYNE BOULEVARD**
SUITE 1800 **SUITE 1800**
MIAMI FL 33131 **MIAMI FL 33131-1808**

2. Principal Place of Business 3. Mailing Address
616 SAN ESTEBAN **616 SAN ESTEBAN**

Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI-Number Applied For
CORAL GABLES, FL **CORAL GABLES, FL** **05-0901451** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33146 **U.S.** **33146** **U.S.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PEREZ, RAFAEL A Name **MANUEL DE ZARRAGA**
2 SOUTH BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **616 SAN ESTEBAN**
SUITE 1800 City **FL** Zip Code
MIAMI FL 33131

← OK 4/8

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 *Rafael Perez* **Rafael Perez** DATE **1-31-2000**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ZARRAGA, MANUEL	NAME	
STREET ADDRESS	2 SOUTH BISCAYNE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIVANTOS, FRANCISCO	NAME	
STREET ADDRESS	2 SOUTH BISCAYNE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, JOSE I	NAME	
STREET ADDRESS	2 SOUTH BISCAYNE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Manuel De Zarraga* **MANUEL DE ZARRAGA** Date **1/31/00** Daytime Phone # **305 358-5522**

RECEIVED