

4/11/1

**FILED****May 21, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90059 006 \*\*\*158.75

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 435671**1. Entity Name  
**VACRUZ, INC.**Principal Place of Business  
**3305 E 4TH AVENUE  
HIALEAH FL 33013-0005**Mailing Address  
**3305 E 4TH AVENUE  
HIALEAH FL 33013-0005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

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****MOLINER, ELIU  
3305 E 4TH AVENUE  
HIALEAH FL 33013-0005**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PYST</b>			
	<b>MOLINER, ELIU</b>	<b>3305 E 4TH AVENUE</b>	<b>HIALEAH FL 33013-0005</b>	
	<b>D</b>			
	<b>MOLINER, ELIU</b>	<b>3305 E 4TH AVENUE</b>	<b>HIALEAH FL 33013-0005</b>	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

Mark the "X" in this  
box only if there is a  
change to Employer  
Identification Number  
(EIN) or Name.See instructions on  
page 1.BANK NAME/  
DATE STAMP**EIN 59-1515122 241012****VACRUZ INC  
FARMACIA AIDA CRUZ FUENTES  
3303-3309 E 4TH AVE  
HIALEAH FL 33013-3005**

941	945	1st Quarter
990- C	1120	2nd Quarter
943	990-T	3rd Quarter
720	990- PF	4th Quarter
CT-1	1042	
940		

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

Date

Daytime Phone #

CR2E034 (9/01)