

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90068 019 ***150.00

DOCUMENT # K57971

1. Entity Name
CRUZ DESIGN AGENCY, INC.

Principal Place of Business

**1410 CERTOSA AVENUE
 CORAL GABLES FL 33146**

Mailing Address

**1410 CERTOSA AVENUE
 CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8213 SW 72 Ave

Suite, Apt. #, etc.

352

City & State

MIAMI, FL

Zip

33143

Country

DADE

3. Mailing Address

8213 SW 72 Ave

Suite, Apt. #, etc.

352

City & State

MIAMI, FL

Zip

33143

Country

DADE

4. FEI Number

65-0093308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALBERNI, PEDRO L.
 4649 PONCE DE LEON BLVD
 STE 404
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

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.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
D
NAME
CRUZ, MANUEL L.
STREET ADDRESS
8213 SW 72 AVE, STE 352
CITY-ST-ZIP
MIAMI FL 33143

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

MANUEL L. CRUZ 4-20-02 305-663-3444

Date

Daytime Phone #

CR2E034 (9/01)