

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

CR2E034 (9/01)

**DOCUMENT # L36359**

1. Entity Name  
**DE LA CRUZ AND CUTLER, P.A.**

04-22-2002 90320 006 \*\*\*150.00

Principal Place of Business <b>C/O LUIS F. DE LA CRUZ, JR.          241 SEVILLA AVE., STE. 805          CORAL GABLES FL 33134-6622</b>	Mailing Address <b>C/O LUIS F. DE LA CRUZ, JR.          241 SEVILLA AVE., STE. 805          CORAL GABLES FL 33134-6622</b>
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2. Principal Place of Business <b>95 Merrick Way</b> Suite, Apt. #, etc. <b>Suite 440</b> City & State <b>Coral Gables, FL</b>	3. Mailing Address <b>95 Merrick Way</b> Suite, Apt. #, etc. <b>Suite 440</b> City & State <b>Coral Gables, FL</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0160933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>DE LA CRUZ, LUIS F., JR.          241 SEVILLA AVE.          SUITE 805.          CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>95 Merrick Way</b> <b>Suite 440</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>
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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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DE LA CRUZ, LUIS F, JR 241 SEVILLA AVE, #805 CORAL GABLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>95 Merrick Way, Suite 440 Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDS CUTLER, H JEFFREY 241 SEVILLA AVE #805 CORAL GABLES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>95 Merrick Way, Suite 440 Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_