

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90320 006 ***150.00

DOCUMENT # L36359

1. Entity Name

DE LA CRUZ AND CUTLER, P.A.

Principal Place of Business

C/O LUIS F. DE LA CRUZ, JR.
 241 SEVILLA AVE., STE. 805
 CORAL GABLES FL 33134-6622

Mailing Address

C/O LUIS F. DE LA CRUZ, JR.
 241 SEVILLA AVE., STE. 805
 CORAL GABLES FL 33134-6622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 Merrick Way

Suite, Apt. #, etc.

Suite 440

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

95 Merrick Way

Suite, Apt. #, etc.

Suite 440

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. FEI Number

65-0160933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F., JR.
 241 SEVILLA AVE.
 SUITE 805
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

95 Merrick Way

Suite 440

City

Coral Gables

FL

Zip Code

33134

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	PD	<input type="checkbox"/> Delete
NAME	DE LA CRUZ, LUIS F, JR	
STREET ADDRESS	241 SEVILLA AVE, #805	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	CUTLER, H JEFFREY	
STREET ADDRESS	241 SEVILLA AVE #805	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	95 Merrick Way, Suite 440
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	95 Merrick Way, Suite 440
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)