FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90113 033 ***158.75

DOCUMENT # P00000016099

1. Entity Name
LA CRUZ MANAGEMENT, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4000 OCEAN BEACH	4000 OCEAN BEACH
APT 3F	APT 3F
City & State: COCOA BEACH, FL	City & State: COCOA BEACH FL
Zip: 32931 Country:	Zip: 32931 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59 3690992 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ELIZABETH LEWIS
Street Address (P.O. Box Number is Not Acceptable): 4000 OCEAN BEACH BL.
APT 3F
City: COCOA BEACH **FL** Zip Code: 32931

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's 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) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PVST
NAME	ELIZABETH LEWIS
STREET ADDRESS	4000 OCEAN BEACH BLVD
CITY-ST-ZIP	COCOA BEACH FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Blocks 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Lewis 4-10-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #