

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90185 001 \*\*\*150.00  
 05-14-2001 90185 002 \*\*\*\*\*8.75

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 700000019054

**1. Entity Name**  
 CRUZ PRINTING ENTERPRISES INC

**Principal Place of Business** 1420 1/2 5TH TERR  
 FT. LDC. FL. 33311

**Mailing Address** 1420 1/2 5TH TERR.  
 FT. LDC. FL. 33311

**2. Principal Place of Business** 1420 1/2 5TH TERR  
 Suite, Apt. #, etc.

**3. Mailing Address** 1420 1/2 5TH TERR  
 Suite, Apt. #, etc.

**City & State** FT. LDC. FL. **City & State** FT. LDC. FL.

**Zip** 33311 **Country** BROWARD **Zip** 33311 **Country** BROWARD

**4. FEI Number** ☒ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 RODRIGO JAAVEDORA ESQ  
 3000 N FED. HWY  
 FT. LDC. FL. 33306

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIX CRUZ		NAME		
STREET ADDRESS	1420 1/2 5TH TERR		STREET ADDRESS		
CITY-ST-ZIP	FT. LDC. FL. 33311		CITY-ST-ZIP		
TITLE	VICE PRES.	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESOM WALKER		NAME		
STREET ADDRESS	1445 BROWARD		STREET ADDRESS		
CITY-ST-ZIP	FT. LDC. FL. 33311		CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL TAMBORINO		NAME		
STREET ADDRESS	1445 BROWARD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LDC. FL. 33311		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** Paul Tamborino **PAUL TAMBORINO** **18 APR 01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)