

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90141 009 \*\*\*150.00

**DOCUMENT # P01000062742**

1. Entity Name  
**CRUZAN ENTERPRISES, INC.**

Principal Place of Business

**519 S.W. 9TH ST.  
 FT. LAUDERDALE FL 33315**

Mailing Address

**519 S.W. 9TH ST.  
 FT. LAUDERDALE FL 33315**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1115966**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUSHWA, ROY E  
 5190 N.W. 167TH ST., SUITE 105  
 MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PLISKE, LEANN M**  
 CITY-ST-ZIP **519 S.W. 9TH ST.  
 FT. LAUDERDALE FL 33315**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Leann Morris Pliske**

**7/17/2002**

**954-846-0957**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
# PO 1000062742  
**Cruzan Enterprises**  
971192

July 17, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

Please be advised that Cruzan Enterprises, Inc., did not receive the initial 2002 filing information for the Uniform Business Report.

I was advised to return the second notice, along with a letter, and the initial payment required of \$150.00 for renewal.

Cruzan Enterprises, Inc. FEI Number: 65-1115966.

Enclosed is the signed report along with payment.

I can be reached at 954-816-0957, should any problems arise.

Kind regards,

*LeAnn Morris Pliske*

LeAnn Morris Pliske  
President