

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90132 009 \*\*\*150.00

**DOCUMENT # P01000072349**

1. Entity Name  
**CRUZ POTES USA CORPORATION**



Principal Place of Business  
**880 SUNFLOWER CIRCLE  
WESTON FL 33327**

Mailing Address  
**880 SUNFLOWER CIRCLE  
WESTON FL 33327**

2. Principal Place of Business  
**743 Shotgun Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**743 Shotgun Road**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Sunrise, FL**

City & State  
**Sunrise, FL**

4. FEI Number  
**65-1125286**

Applied For  
☐ Not Applicable

Zip Country  
**33326 USA**

Zip Country  
**33326 USA**

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

6. Name and Address of Current Registered Agent

**GERSTEIN, WILLIAM  
GERSTEIN & GERSTEIN ATTORNEY, P.A.  
1300 NORTH FEDERAL HIGHWAY, SUITE 203  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name  
**GERSTEIN, WILLIAM**  
Street Address (P.O. Box Number is Not Acceptable)  
**GERSTEIN & GERSTEIN ATTORNEY, P.A.  
700 S. Federal Highway, Suite 200  
City Boca Raton, FL Zip Code 33432-6138**

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 William Gerstein Registered Agent DATE 1-22-2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CRUZ, LUIS ENRIQUE<br/>880 SUNFLOWER CIRCLE<br/>WESTON FL 33327</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPST<br/>Cruz, Luis Enrique<br/>743 Shotgun Road<br/>Sunrise, FL 33326</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: LOUIS ENRIQUE CRUZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-03 954-2963237  
Date Daytime Phone #

CR2E034 (10/02)