2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000106829

1. Entity Name

MAX L. CRUZ, P.A.



FILED Jan 29, 2003 8:00 am **Secretary of State**

01-29-2003 90289 048 ***150.00

| Z.p. Country Z.p. Country S. Certificate of Slatus Desired | | | | | | GOD WE THE | | | | | | | | |
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| Sulto, Apt. #, etc. City & State Sulto, Apt. #, etc. City & State City & State Sulto, Apt. #, etc. Sulto, Apt. #, etc. City & State Sulto, Apt. #, etc. Sulto, Ap | 10711 SW 60 ST | | 10711 | 10711 SW 60 ST | | | | | | | | | | |
| City & State A FEI Number 41-2036188 Applimated Agent Asplimated Agent Asplimated Agent Asplimated Asplim | 2. Principal P | Place of Business | 3. Mai | ling Address | _ | | | | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired S8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required COPAL HAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 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 the obligations of registered agent and the Fapilicable. PACIE Progressed Agent sign-source received agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the Fapilicable. PACIE Progressed Agent sign-source received agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the familiar with, and the familiar wi | Suite, Apt. | #, etc. | Suit | Suite, Apt. #, etc. | | | | | CHECK H | IERE IF I | MAKING | CHANGES | | |
| Zip Country Zip Country S. Certificate of Status Desired S8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida. I am farm liter with, and the obligations of registered agent, or both, in the State of Florida Department of State of Florida Department of State of Fl | City & Stat | е | City | City & State | | | 4. FE | I Number | 41-2036 | 188 | | | oplied For ot Applicable | |
| ARVESU, MANUEL M ESO 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 City FL Zip Code 8. The above named only 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE MAWE CRUZ, MAX L OFFICERS AND DIRECTORS TILE MAMI FL 33173 TILE SOMEZ, ILEANA 10711 SW 60TH STREET OTH-ST-2P MAMI FL 33173 TILE MAMI FL 3 | Zip | Country | . Zip | Zip Count | | | 5. Certificate of Status Desired S8.75 Additional | | | | | ditional | | |
| ARVESU, MANUEL M ESO 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 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 the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and the obligation of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and the purpose of Charles of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and the | | 6,_Name and Address | s of Current Registere | d Agent | T | | 7. Na | me and A | dress of N | ew Regi | stered A | gent- | | |
| 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IT III. NAME CRUZ, MAX L 10. OFFICERS AND DIRECTORS IT III. NAME CRUZ, MAX L 1071 1 SW 60TH STREET MIMM FL 33173 DIVEST-2P MAMI FL 33173 DIVEST-2P MAMI FL 33173 TILE NAME STREET ALDRESS CITY-ST-2P TILE NAME STREET ALDRESS STREET | | • | | | | Name | | | | | | | | |
| City | - | | i02 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or prefed name of registered agent and title if spokeable. (NOTE: Registered Agent signature required write redictions) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITIE NAME CRUZ, MAX L NAME STREET ADDRESS CITY-ST-2P MIAMI FL 33173 THE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET AD | | * | | | | | | | | | _ | | | |
| SIGNATURE Signature Signa | | | | | | City | | | | | FL | Zip Cod | e | |
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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: