

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000056551

1. Entity Name

KREUS ENTERPRISE CORPORATION

Principal Place of Business

Mailing Address

**2625 N ANDREWS AVE. #217
WILTON MANOR FL 33311**

**2625 N ANDREWS AVE. #217
WILTON MANOR FL 33311**

2. Principal Place of Business

2625 N ANDREWS AVE.

3. Mailing Address

2625 N ANDREWS AVE.

Suite Apt. #, etc.

109

Suite Apt. #, etc.

109

City & State

WILTON MANOR, FL

City & State

WILTON MANOR, FL

Zip

33311

Country

Zip

33311

Country

4. FEI Number

02-0608905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

00144000

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH FL 33064**

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

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 \$150.00

**After MAY 1, 2003 Fee will be \$550.00
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	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
		BRAGA, CREUS	2625 N ANDREWS AVE. #217	WILTON MANOR FL 33311	<input type="checkbox"/>			BRAGA, CREUS	2625 N ANDREWS AVE. #109	WILTON MANOR FL 33311	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address with all other like empowered.

SIGNATURE: X

Creus Braga - President

05/19/03

(954) 530-9784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #