


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

03-24-2003 91015 029 \*\*\*158.75

DOCUMENT # P02000133555

1. Entity Name  
Cruz + Cruz Tax Accountants, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>5015 W. Waters Ave</u>		3. Mailing Address <u>5015 W. Waters Ave</u>	
Suite, Apt. #, etc. <u>F</u>		Suite, Apt. #, etc. <u>Suite F</u>	
City & State <u>Tampa, FL</u>		City & State <u>Tampa, FL</u>	
Zip <u>33634</u>	Country <u>Hillsborough</u>	Zip <u>33634</u>	Country <u>Hillsborough</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>None</u>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**7. Name and Address of Current Registered Agent**

Name <u>Jeanette Perez</u>
Street Address (P.O. Box Number is Not Acceptable) <u>5015 W. Waters Ave</u>
City <u>Tampa</u>
State <u>FL</u>
Zip Code <u>33634</u>

**DO NOT WRITE  
IN THIS SPACE**

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 Jeanette Perez DATE 3/19/03

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Jeanette Perez</u> <u>5015 W. Waters Ave Ste F</u> <u>Tampa, FL 33634</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Iris Cruz</u> <u>5015 W. Waters Ave Ste F</u> <u>Tampa, FL 33634</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanette Perez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/19/03 Daytime Phone # (813) 963-7795

CR2E034B (12/02)