2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P94000029461 **DOCUMENT #**

1. Entity Name

CRUZ INTERNATIONAL, INC.



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

01-24-2003 90083 032 ***150.00

				CO WE TE S			
Principal Place of Business 2206 SAXON STREET TAMPA FL 33605 US 2. Principal Place of Business		Mailing Address 11204 SCOTCHWOOD DR RIVERVIEW FL 33569 US				i länn avala olkas likol lags	
		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING C	HANGES	
City & State		City & State			A CELNimber	Applied For	
Only & State		City & State			4. FEI Number 59-3238896	Not Applicable	
Zip	Country	Zip	Cour	ntry		3.75 Additional e Required	
6. Na	ne and Address of Current	Registered Agent	gistered Agent		7. Name and Address of New Registered Agent		
2			•	Name	لولو ديمو الرابع المواهدة الم والمواهدة المواهدة ا	••	
CRUZ, VICTOR J 11204 SCOTCHWOOD DR				Street Address	(P.O. Box Number is Not Acceptable)		
RÍVERVIEW FL 3350	TT = -:						
	ů.			City	FL	Zip Code	
8. The above named en		or the purpose of changing	its register	ed office or registe	red agent, or both, in the State of Florida. I am fan	niliar with, and accept	
SIGNATURESignature, typ	ed or printed name of registered agent	and title if applicable. (N	NOTE: Registere	nd Agent signature require	d when reinstating) DATE		
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 \$5.00 May Be Trust Fund Contribution.		
	to Fiorida Department o	f State				Added to Fees	
	<u>-</u>		11		ADDITIONS (CHANCES TO OFFICERS AND D		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
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12. I hereby certify that the information supplied with this filling 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 appears with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

TED VICIOR J. CRUZ 1/22/03

(813)247-7554

☐ Change

☐ Addition