FILED

Apr 30, 2002 8:00 am Secretary of State
04-30-2002 90166 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P95000045267

DOCUMENT # 1. Entity Name

CRUZ BROS. TRUCKING, INC.

Principal Place of Business

Mailing Address

GROVELAND I		·	GROVELAND FL 34736				I HOOGEFAL HIO HOLDE ONLY BOUTH OOM OR			6 /810 1 0 6 1 1 00 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number 59-3317817			oplied For	
Zip		Country	Zip	Coun	try	5.	5. Certificate of Status Desired Service Servi				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
JOHNSON 758 W MY	i, edith Yers blyd		Street Addres			Address (P.O. I	s (P.O. Box Number is Not Acceptable)				
MASCOTT	E FL 34750						Eliza de de la Constantina del Constantina de la Constantina de la Constantina de la Constantina de la Constantina del Constantina de la C				
,					City	****		FL	Zip Code	e	
9. The above	named entity	r cultimite this statement for	the purpose of abancing its	ragistar	d office o	r raniatorad as	gont or both in the Ctate of Florida		<u>i </u>		
o. The above	named entity	submits this statement for	the purpose of changing its	registere	ea onice o	r registered ag	gent, or both, in the State of Florida				
SIGNATURE	Signature typed of	or printed name of registered agent an	d title if applicable (NOTE	Penietere	d Agent signal	ture required when a	veinstating	DATE			
		or printed reality of regulated agonical	(1012	gistorot	a Agont aigne	are required when a	The state of the s	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 \$ After May 1, 2002 Fee will to Make Check Payable to Depart			550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.0 Added	0 May Be I to Fees	
11. OFFICERS AND DIRECTOR		IRECTORS	12.		A		RS AND D	DIRECTOR!	S IN 11		
TITLE	P		☐ Delete	TITLE					Change	Addition	
NAME	CRUZ, MAI	NUEL		NAME				•			
STREET ADDRESS: 158 MT. PLEASANT RD				STRE	ET ADDRESS						
CITY-ST-ZIP	GROVELAN	ID FL 34736	CIT		-ST-ZIP]	
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CITY-ST-ZIP				CITY-	ST-ZIP					Ì	

13. 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 11 or Block 12 if of the corporation or the receiver or trustee er changed, or on an attachment with an address

SIGNATURE:

Daytime Phone #