

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013443

1. Entity Name

AILEEN CRUZ DESIGNS INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90039 011 ***150.00

Principal Place of Business

Mailing Address

141 NORTHEAST 3RD AVENUE
 7TH FLOOR
 MIAMI FL 33132

11397 W FLAGLER ST
 MIAMI FL 33174-1197

2. Principal Place of Business

3. Mailing Address

11397 West Flagler St
 Suite, Apt. #, etc.
 miami, FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0644434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAZAN, MIRELLA Z
 141 NE 3 AVE., 7TH FLOOR
 MIAMI FL 33132

Name BAZAN, MIRELLA Z
 Street Address (P.O. Box Number is Not Acceptable)
 11397 West Flagler ST
 Miami
 City FL Zip Code 33174

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, 2000 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 D ☐ Delete
 NAME CRUZ, AILEEN
 STREET ADDRESS 1414 NORTHEAST 3RD AVENUE, 7TH FLOOR
 CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ Change ☐ Addition
 NAME CRUZ, Aileen
 STREET ADDRESS 11397 West Flagler ST
 CITY-ST-ZIP miami, FL 33174

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 227-2222

CR2E034 (9/99)