

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013443

1. Entity Name

AILEEN CRUZ DESIGNS INC.

place note only the locale # has changed

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90012 008 ***150.00

Principal Place of Business

11397 W. FLAGLER ST.
MIAMI FL 33174

Mailing Address

11397 W FLAGLER ST
MIAMI FL 33174

2. Principal Place of Business

11387 W. Flagler St
Suite, Apt. #, etc.

3. Mailing Address

11387 W. Flagler ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, Florida

4. FEI Number

65-0644434

Applied For

Not Applicable

Zip

33174

Country

Zip

33174

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

BAZAN, Mirella

Street Address (P.O. Box Number is Not Acceptable)

11387 West Flagler ST

Miami, Florida

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

Mirella Z Bazan

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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, 2001 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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME CRUZ, Aileen
STREET ADDRESS 11387 West Flagler ST
CITY-ST-ZIP Miami, Florida 33174

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

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

TITLE ☐ Change ☐ Addition
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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 #

CR2E034 (10/00)