

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90136 014 ***150.00

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1. Entity Name
SONIA DE CRUZ, P.A.

Principal Place of Business
**200 SOUTH BISCAYNE BLVD.
SUITE 4000, FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2398**

Mailing Address
**200 SOUTH BISCAYNE BLVD.
SUITE 4000, FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2398**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

SONIA DE CRUZ, P.A.

Suite, Apt. #, etc.

251 CRANDON BLVD., #307

City & State

KEY BISCAYNE, FL 33149

4. FEI Number

65-0654636

Applied For

Not Applicable

City & State

Zip

Country

Zip

Country

33149

U.S.A.

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

**DE CRUZ, SONIA
200 SOUTH BISCAYNE BLVD.
SUITE 4000, FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2398**

Name
SONIA DE CRUZ

Street Address (P.O. Box Number is Not Acceptable)
251 CRANDON BLVD., #307

KEY BISCAYNE

City

FL

Zip Code
33149

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

Sonia de Cruz, P.A.

21 March 2003

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required 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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DE CRUZ, SONIA	200 SOUTH BISCAYNE BLVD.	MIAMI FL 33131-2398	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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 address with all other like empowered.

SIGNATURE:

Sonia de Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

21 March 2003

305-577-7021

Date

Daytime Phone #

CR2E034 (10/02)