2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700036019 1. Entity Name CASA DE LA CRUZ, INC.							Secretary of State 02-24-2002 90014 041 ***150.00					
Principal Place of Business 3818 ROGERS AVENUE TAMPA FL 33611			Mailing Address 4725 OHIO AVE TAMPA FL 33616 US									
2. Principal Place of Business			3. Mailing Address					 		a		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number						
Zip Country		Country	Zìp	Zip Count		5. Certificate of Status Desired S8.75 Addi Fee Required						
6. Name and Address of Current Registered Agent					Name	7. N	lame and Address of	New Register	red Age	ent		
4725 OH		OONIO A		Street Address (P.O. Box Number is Not Acceptable)								
TAMPA FL 33616					City				FL	Zip Code	÷ (
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable.) FILE NOW!!! FEE After May 1, 2002 Fee (See criteria on back) Make Check Payable to Description (NOTE: Registered agent and title if applicable.)					will be \$550.0	0 State	10. Election Campa Trust Fund Con	aign Financing tribution.		Added	0 May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	3618 ROC TAMPA F		☐ Delete			AD	DITIONS/CHANGES 1	O OFFICERS		RECTORS Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BUZ, CELEDONIO BERS AVE L 33611	☐ Delete		-]			•] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DE LA CF 3618 ROC TAMPA FI		□ Delete				-			Change -	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1] Change	Addition	

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 audicals, with all other like empowered.

SIGNATURE: _CCCCC