

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90161 013 ***150.00

DOCUMENT # P97000092398

1. Entity Name
D'LA CRUZ REALTY & BUSINESS CONSULTING, INC.

Principal Place of Business
16375 NE 18TH AVE.
305
N. MIAMI BEACH FL 33162

Mailing Address
251 174TH ST., SUITE 1818
MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18220 WEST DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Beach FL

City & State

4. FEI Number **65-0790767**

Applied For
 Not Applicable

Zip
33160

Country
USA

Zip

Country

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

CRUZ, JOSEPHINE
750 NW 43RD AVE., SUITE 517
MIAMI FL 33126

Name **JORGE CESPEDES**
 Street Address (P.O. Box Number is Not Acceptable)
5400 SW 77 CT #2H
 City **Miami** FL Zip Code **33155**

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

3-31-02

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, 2002 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	<input type="checkbox"/> Delete
NAME	DE LA CRUZ, LUIS I	
STREET ADDRESS	251 174TH ST., SUITE 1818	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

Daytime Phone #

CR2E034 (9/01)