

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096050

1. Entity Name

CRUZ "N" TRAVEL FIESTA, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90025 030 ***150.00

Principal Place of Business

8647-2 LITTLE RD
NEW PT RICHEY FL 34654

Mailing Address

8647-2 LITTLE RD
NEW PT RICHEY FL 34668-6336

2. Principal Place of Business

5544 Quist DR

3. Mailing Address

5544 Quist DR

Suite, Apt. #, etc.

Port Richey

Suite, Apt. #, etc.

Port Richey

City & State

FL

City & State

FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-3469060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, SHARON
8647-2 LITTLE RD
NEW PT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

CRUZ, SHARON

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

5544 Quist DR

Port Richey

City

FL

Zip Code

34668

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]

SHARON CRUZ - President

4/5/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ, SHARON	
STREET ADDRESS	8647-2 LITTLE RD	
CITY-ST-ZIP	NEW PT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ-HUDSON, LORI L	
STREET ADDRESS	8647-2 LITTLE RD	
CITY-ST-ZIP	NEW PT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ, SIGFREDO	
STREET ADDRESS	8647-2 LITTLE RD	
CITY-ST-ZIP	NEW PT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5544 Quist DR	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5544 Quist DR	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5544 Quist DR	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] SHARON CRUZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00

CR2E034 (9/99)