

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2000 90025 030 ***150.00

DOCUMENT # P97000096050

1. Entity Name

CRUZ "N" TRAVEL FIESTA, INC.

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



DO NOT WRITE IN THIS SPACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **SHARON CRUZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)