

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000096050

FILED  
Feb 06, 2003  
Secretary of State

Entity Name: CRUZ "N" TRAVEL FIESTA, INC.

## Current Principal Place of Business:

5544 QUIST DRIVE  
PORT RICHEY  
PORT RICHEY, FL 34668

## New Principal Place of Business:

2163 DIXIE GARDEN LOOP  
HOLIDAY, FL 34690

## Current Mailing Address:

5544 QUIST DRIVE  
PORT RICHEY  
PORT RICHEY, FL 34668

## New Mailing Address:

2163 DIXIE GARDEN LOOP  
HOLIDAY, FL 34690

FEI Number: 59-3469060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, SHARON  
5544 QUIST DRIVE  
PORT RICHEY, FL 34668

## Name and Address of New Registered Agent:

CRUZ, SHARON  
2163 DIXIE GARDEN LOOP  
HOLIDAY, FL 34690

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:

02/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRUZ, SHARON  
Address: 5544 QUIST DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Delete  
Name: CRUZ-HUDSON, LORI L  
Address: 5544 QUIST DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete  
Name: CRUZ, SIGFREDO  
Address: 5544 QUIST DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CRUZ, SHARON  
Address: 2163 DIXIE GARDEN LOOP  
City-St-Zip: HOLIDAY, FL 34690

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRUZ, SIGFREDO  
Address: 2163 DIXIE GARDEN LOOP  
City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON CRUZ

D

02/06/2003

Electronic Signature of Signing Officer or Director

Date