

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90259 040 ***150.00

DOCUMENT # P97000100375

1. Entity Name
MAURICE CRUZ, M.D., P.A.

Principal Place of Business
3400 BURNS ROAD
SUITE #200
PALM BEACH GARDENS FL 33410
US

Mailing Address
3400 BURNS ROAD
SUITE #200
PALM BEACH GARDENS FL 33410
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5321 Greenwood Avenue
 Suite, Apt. #, etc. **301**

3. Mailing Address
5321 Greenwood Avenue
 Suite, Apt. #, etc. **301**

City & State
West Palm Beach FL
 Zip **33407** Country **U.S.**
Palm Beach

4. FEI Number **65-0797026**
 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, MAURICE
3400 BURNS ROAD
#200
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **CRUZ MAURICE**
 Street Address (P.O. Box Number is Not Acceptable)
5321 Greenwood Avenue
Suite-301
 City **West Palm Beach** **FL** Zip Code **33407**

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 *Maurice Cruz* DATE *4-20-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **CRUZ, MAURICE**
 STREET ADDRESS **10290 ALLAMANDA BLVD.**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Maurice Cruz* **SIGNATURE REQUIRED** DATE *4-20-02* (561) 863-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)