

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90085 037 ***150.00

DOCUMENT # P98000065390

1. Entity Name
CRUZ BROTHERS, CORP.

Principal Place of Business
21211 NW 99TH CT
MIAMI FL 33189

Mailing Address
PO BOX 900411
HOMESTEAD FL 33090

00009614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21211 SW 99th CT
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Miamia Florida

City & State

4. FEI Number **65-0852665**

Applied For
 Not Applicable

Zip
33189

Country
Miami-Dade

Zip
 Country

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

6. Name and Address of Current Registered Agent

CRUZ, ALFREDO
21211 SW 99TH CT
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2001 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 **DP**
 STREET ADDRESS **CRUZ, ALFREDO**
 CITY-ST-ZIP **1320 N.W. 14 ST. HOMESTEAD FL 33030**

TITLE
 NAME **DVS**
 STREET ADDRESS **CRUZ, JODY L**
 CITY-ST-ZIP **1320 N.W. 14 ST. HOMESTEAD FL 33030**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date Daytime Phone #

CR2E034 (10/00)