

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90105 019 ***150.00

826632



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000023127			
1. Entity Name CRUZ DRYWALL FINISH, INC.			
Principal Place of Business 2310 SE 3RD STREET, APT. A BOYNTON BEACH FL 33435		Mailing Address 2310 SE 3RD STREET, APT. A BOYNTON BEACH FL 33435-7273	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMBROSIO CRUZ, JOSE 2310 SE 3RD STREET, APT. A BOYNTON BEACH FL 33435		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> Delete	
NAME	AMBROSIO CRUZ, JOSE		
STREET ADDRESS	2310 SE 3RD STREET, APT. A		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	ALVARADO, BALVINA		
STREET ADDRESS	2310 SE 3RD STREET, APT. A		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	CRUZ, ABRAHAM		
STREET ADDRESS	2310 SE 3RD STREET, APT. A		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	CRUZ, ALEXANDER		
STREET ADDRESS	2310 SE 3RD STREET, APT. A		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		
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 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			
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: <i>[Signature]</i> REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)

3-20-00

561-374-7955