2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Signature and typed on printed make of signing officer or director

DOCUMENT # P99000023127 1. Entity Name CRUZ INTERIOR TRIM CARPENTRY, INC.					FILEC	r F STATE	ં	
					SECRETARY OF STATE DIVISION OF CORPORATIONS			
	of Business an Cott Circle ark, FL 33403	Circle L 33403	01 OCT 16 PM 7: 17					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State			El Number 55–0992511		Applied For Not Applicable	-
Zip	Country	Zip	Country		ertificate of Status Desired	Fee Requ	Additional uired	1
	6. Name and Address of Current Re	gistered Agent	Name	7. N	ame and Address of New Register	o Agent		1
	io Cruz, Jose an-Cott-Circle			on'(D()-De	x:Number is:Not Acceptable)			<u> </u>
	ark, FL 33403				wasternooned to the state of th			-
	,		~	=		1		1
			City		F	Zip C	ode 	
9. This corpor	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	E: Registered Agent signature requirements of Section 1. Registered Agent signature requirements of Se	00	DAT 10. Election Campaign Financing Trust Fund Contribution.	\$5	5.00 May Be	-
11.	OFFICERS AND DI		12.		DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD Ambrosio Cruz, Jose 3814 Van Cott Circl Lake Park, FL 33403	□ Deletè e	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		300004654 -10/26/01 ****150.00	□ Chang 1653 -01032-	ge □ Addition 3 — — 4 -028	E034 (11/
NAME STREET ADDRESS CITY-ST-ZIP	VD Alvarado, Balvina 3814 Van Cott Circl Lake Park, FL 33403	e	NAME STREET ADDRESS CITY-ST-ZIP				Addition	•
NAME STREET ADDRESS CITY-ST-ZIP	TD Cruz, Abraham 3814 Van Cott Circl Lake Park, FL 33403		NAME STREET ADDRESS GITY-ST-ZIP			☐ Chanç	ge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cruz, Alexander 3814 Van Cott:Circl Lake Park, FL 33403	L.J Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	`	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Chang A L) 	
indicated of the corp	ertify that the information supplied with the on this report or supplemental report is trooration or the receiver or trustee empower on an attachment with an address, with	ue and accurate and that r ered to execute this report	ny signature shall have t as required by Chapter	ine same i	edal ellect as il made under dalli. Illa	n rain an Oni	Cel Ol Gilectol	

10/11/01

Date

(561) 704-6134

Daytime Phone #