

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90135 020 ***150.00

DOCUMENT # P99000058978

1. Entity Name

FRUZCO MIAMI, INC.

Principal Place of Business

Mailing Address

201 CRANDON BLVD., #428
KEY BISCAVNE FL 33149201 CRANDON BLVD., #428
KEY BISCAVNE FL 33149-1520

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2525 S.W. 3RD AVENUE**2525 S.W. 3RD AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 204**STE. 204**

City & State

City & State

Miami, FL**Miami, FL**

Zip

Country

Zip

Country

33129**US****33129****US**

4. FEI Number

65-0939262

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, VICTOR
201 CRANDON BLVD., #428
KEY BISCAVNE FL 33149

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	GARCIA, VICTOR	201 CRANDON BLVD., #428	KEY BISCAVNE FL 33149	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	PENARANDA, MONICA	201 CRANDON BLVD., #428	KEY BISCAVNE FL 33149	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	CAMPO, CARLOS	201 CRANDON BLVD., #428	KEY BISCAVNE FL 33149	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

VICTOR GARCIA

Date

Daytime Phone #

APR 26 2000 / 305-216-3100

CR2E034 (9/99)