

# 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 201 CRANDON BLVD., #428 KEY BISCAVNE FL 33149	Mailing Address 201 CRANDON BLVD., #428 KEY BISCAVNE FL 33149-1520
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2525 S.W. 3RD AVENUE</b>	3. Mailing Address <b>2525 S.W. 3RD AVENUE</b>
Suite, Apt. #, etc. <b>STE. 204</b>	Suite, Apt. #, etc. <b>STE 204</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>

4. FEI Number <b>65-0939262</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>33129</b>	Country <b>US</b>	Zip <b>33129</b>	Country <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARCIA, VICTOR 201 CRANDON BLVD., #428 KEY BISCAVNE FL 33149</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD PENARANDA, MONICA 201 CRANDON BLVD., #428 KEY BISCAVNE FL 33149</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CAMPO, CARLOS 201 CRANDON BLVD., #428 KEY BISCAVNE FL 33149</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **VICTOR GARCIA** Date: **APR 26 2000** Daytime Phone #: **3052163100**

CR2E034 (9/99)