

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90160 036 \*\*\*150.00

**DOCUMENT # P99000098042**

1. Entity Name  
**CRUZ N'CUB PUBLISHING, INC.**

Principal Place of Business  
**15100 PALMWOOD RD  
 PALM BEACH GARDENS FL 33410**

Mailing Address  
**15100 PALMWOOD RD  
 PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1640 FOREST LAKES CIR**

3. Mailing Address  
**P.O. Box 4750**

Suite, Apt. #, etc.  
**B**

Suite, Apt. #, etc.

City & State  
**WEST PALM BEACH, FL**

City & State  
**FT. LAUDERDALE, FL**

4. FEI Number **65-0960080**

Applied For  
 Not Applicable

Zip Country  
**33406 U.S.A.**

Zip Country  
**33338 U.S.A.**

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

## 6. Name and Address of Current Registered Agent

**STEELE, W TRENT  
 3300 PGA BLVD, SUITE 300  
 PALM BEACH GARDENS FL 33410**

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PD** ☐ Delete  
 NAME **CRUZ, MICHAEL R**  
 STREET ADDRESS **240 CITY VIEW DRIVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **VD** ☐ Delete  
 NAME **ELWOOD, BLAKE**  
 STREET ADDRESS **15100 PALMWOOD RD**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V. President** ☒ Change ☐ Addition  
 NAME **ELWOOD, BLAKE**  
 STREET ADDRESS **1640 FOREST LAKES CIR #B**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED** **09-06-02** **954 557-6001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

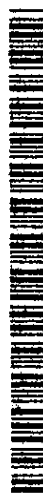
CR2E034 (4/02)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Attachment # 5078115  
# 999000098042



CRUZ1CO 334103017 1602 08 07/02/02  
NOTIFY SENDER OF NEW ADDRESS  
CRUZ, N CUB PUBLISHING INC  
1640 FOREST LAKES CIR APT B  
WEST PALM BEACH FL 33406-5759

10-102600



PALM BEACH GARDENS FL 33410-1026

WE ARE REQUESTING WARE OF  
REUNTY. WE HAS MAILED LETTER  
WITH CHANGE OF ADDRESS AND  
NEVER GOT THE NEW FORM

richard cant

A handwritten signature in dark ink, appearing to be "Richard Cant".

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
4431