

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23368

1. Entity Name

THE DELACRUZ CORPORATION

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90196 010 \*\*\*150.00

Principal Place of Business

1930 UNION STREET  
CLEARWATER FL 34623

Mailing Address

1930 UNION STREET  
CLEARWATER FL 33763-2249

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

59-3125307

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

DELACRUZ, NORMA M.  
1930 UNION STREET  
CLEARWATER FL 34623

Name

DE LA CRUZ, ANTONIO A.

Street Address (P.O. Box Number is Not Acceptable)

1930 UNION STREET

City

CLEARWATER

FL

Zip Code

34623

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.

33763

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

**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	P	<input checked="" type="checkbox"/> Delete
NAME	DE LA CRUZ, NORMA M	
STREET ADDRESS	900 S. HIGHLAND AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DE LA CRUZ, ANTONIO A	
STREET ADDRESS	900 S. HIGHLAND AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE LA CRUZ, NORI-ANN	
STREET ADDRESS	900 S. HIGHLAND AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE LA CRUZ, GREG PHILIP	
STREET ADDRESS	900 S. HIGHLAND AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, ANTONIO A.	
STREET ADDRESS	900 S. HIGHLAND AVE.	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, GREG PHILIP	
STREET ADDRESS	900 S. HIGHLAND AVE	
CITY-ST-ZIP	CLEARWATER, FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/00

Date

561.739-8974

Daytime Phone #

CR2E034 (9/99)