

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90300 021 ***550.00

DOCUMENT # F00000006801
 1. Entity Name
SANTANDER SECURITIES CORPORATION OF PUERTO RICO



Principal Place of Business Mailing Address
221 PONCE DE LEON AVENUE **221 PONCE DE LEON AVENUE**
SUITE 600 **SUITE 600**
SAN JUAN PR 00917 **SAN JUAN PR 00917**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
66-0534068 Not Applicable

Zip Country Zip Country 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2002 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	P GONZALEZ, JOSE R 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTANER, IVAN F 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAURTUA, MANUAL A 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROIG, LUIS R 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN PR 00917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUAREZ, ANA R 221 PONCE DE LEON AVE., SUITE 600 SAN JUAN PR 00917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Juan Arenado 221 Ponce de Leon Suite 600 San Juan, PR 00917

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/02
 Date

Daytime Phone #

CR2E034 (9/01)

Attachment
969481

#F00000006801

Additions to Officers and Directors

Jesus Mendez, Director
221 Ponce de Leon Suite 600
San Juan, PR 00917

Juan C. Batlle, Director
221 Ponce de Leon Suite 600
San Juan, PR 00917

Antonio Sifre
221 Ponce de Leon Suite 600
San Juan, PR 00917