2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F00000006801



FILED Mar 19, 2003 8:00 am Secretary of State

SANTAN	IDER SECURITIES CORPOR	ATION OF PUERTO					
Principal Place of Business 221 PONCE DE LEON AVENUE SUITE 600 SAN JUAN PR 00917		Mailing Address 221 PONCE DE LEON AVENUE SUITE 600 SAN JUAN PR 00917			H ARTHAR HIN ARNA COUR BAN	: (Ti saruk arang kang kang
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·	-	4. FEI Number 66-05340	68	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desire		5 Additional equired
	6. Name and Address of Current	Registered Agent		7	7. Name and Address of Nev	v Registered Agent	21-1-
CORPOR	NATION SERVICE COMPANY		Name				
1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Address). Box Number is Not Accepta	bie)	
THEE II D			City			FL Zip) Code
8. The above	e named entity submits this statement fo	r the purpose of changing its	s registered office	or registered	agent, or both, in the State of		with, and accept
ine obliga	tions of registered agent.						
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent sign	ature required whe	on reinstating)	DATE	
Ĵ F	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00	and title if applicable. (NOT	E: Registered Agent sign	ature required whe	9. Election Campaign		\$5.00 May Re
₹ F	Signature, typed or printed name of registered agent a		E: Registered Agent sign	ature required whe		Financing	\$5.00 May Be Added to Fees
₹ F	Signature, typed or printed name of registered agent at FILE NOW!!! FEE IS \$150.00 ar May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND	State	E: Registered Agent sign		9. Election Campaign	Financing (Added to Fees
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUISIRE ROIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2003 Date

(787)759-5363