

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90131 042 ***550.00

DOCUMENT # P01000074725

1. Entity Name
SANTORINI INVESTMENTS, INC.

Principal Place of Business
**600 GRAPETREE DR., UNIT 7F-N
 KEY BISCAVNE FL 33149**

Mailing Address
**600 GRAPETREE DR., UNIT 7F-N
 KEY BISCAVNE FL 33149**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
8360 WEST FLAGLER

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 200

City & State

City & State
MIAMI, FLA.

Zip

Country

Zip
33144

Country
USA

4. FEI Number

65-1145433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JORGE E. OTERO & ASSOCIATES, P.A.
 75 VALENCIA AVE., STE. 400
 CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **DE LIMA, ERNESTO**
 STREET ADDRESS **600 GRAPETREE DR., UNIT 7F-N**
 CITY-ST-ZIP **KEY BISCAVNE FL 33149**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02

Date

Daytime Phone #

(305) 554-7229

CR2E034 (4/02)