## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000107767

1. Entity Name
SANTA RITA DEERING BAY OF FLORIDA, INC.

SIGNATURE: <



## FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90116 031 \*\*\*150.00

Daytime Phone #

				NA THE			
Principal Pla 8201 NW 64 NO 3 MIAMI FL 33		Mailing Address 8201 NW 64 STRE NO 3 MIAMI FL 33166	8201 NW 64 STREET NO 3		I JERNERA HI ROMAN HEND BEND ROM	# <b>1518</b> 1 (414 <b>8</b> 44) #400 (40	<b>886 d</b> ialii 8 <b>8</b> 00 (806
2. Principal	Place of Business	3. Mailing Address	3				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Check hebe	E MAKING OLIANOT	-n
City & Sta	ate	City & State			4. FEI Number 20 0040040 Applied For		
Zip Country		Zip Country		ntry	30-0016812	¢0.7E .	Not Applicable
	6. Name and Address of Curre	ent Registered Agent	Registered Agent		Fee Required		
	Name and Address of Care	ant neglatered Agent	<del></del>	Name	7. Name and Address of New Re	gistered Agent	
JORGE E OTERO & ASSOCIATES PA							
75 VALEN	NCIA AVE STE 400 NABLES FL 33134		Street Address (		P.O. Box Number is Not Acceptable)		
	1 DELO 1 E 00 10 7			City		Zip Co	ode
8. The above	e named entity submits this statemen	t for the purpose of change	ing its registers	d affice or registers	and a country to the		
) (6) (7)	tions of registered agent.	and purpose of officing		ed office of registers	ed agent, or both, in the State of Flori	da. I am familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	d Agent signature required to	when reinstating)	DATE	
. Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State			Election Campaign Fina     Trust Fund Contribution.	ncing \$5.	.00 May Be
10.		ID DIRECTORS	11.				
TITLE *	D PITA, CARLOS	Delete			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR  Change	
STREET ADDRESS CITY-ST-ZIP	DRESS 355 ALHAMBRA CIRCLE STE 1201		STREET ADDR				Addition   S
TITLE		☐ Delete	TITLE		<del>"</del> , , , , , , , , , , , , , , , , , , ,	☐ Change	Addition Q
NAME STREET ADDRESS	9		NAME			ondrige	C Vagation   5
CITY-ST-ZIP	STR		STREE CITY-:	T ADDRESS ST-ZIP	_		
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREE CITY-S	T ADDRESS		<del></del>	
TITLE		Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME	:		L_) Gliange	☐ Addition
STREET ADDRESS CITY-ST-ZIP		_	STREET CITY-S	T ADDRESS ST-ZIP			ļ
TITLE	-	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP	. 15		STREET CITY-S	ADDRESS . T-ZIP			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME	}		L Change	☐ MUCHOTI
STREET ADDRESS CITY-ST-ZIP		211	CITY-S'				
12. I hereby conditions indicated of the corp	ertify that the information supplied yit on this report or supplemental report foration or the receiver or trusted em- or on an attachment with an audress	h this fling gods not qualities the and accurate and the	y for the exemp	ption stated in Secti e shall have the sar	on 119.07(3)(i), Florida Statutes. I fur ne legal effect as if made under oath	ther certify that the ir that I am an officer	nformation or director
changed, c	or on an attachment with an address	Hit all other like empowe	red.	y Unapiel 607, F	ne legal effect as it made under oath lorida Statutes; and that my name ap	pears in Block 10 or	Block 11 if

JIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR