

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90071 017 ***150.00

DOCUMENT # **406856**
 1. Entity Name
SANTA FASHIONS, INC. ✓

Principal Place of Business Mailing Address

625983

2. Principal Place of Business
2735 N.W. 21ST.
 Suite, Apt. #, etc.

3. Mailing Address
2401 COLLINS AVENUE
 Suite, Apt. #, etc.
#1002

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.
 Zip
33142
 Country
USA

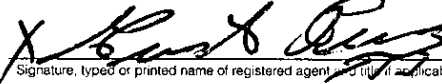
City & State
MIAMI BEACH, FL.
 Zip
33140
 Country
USA

4. FEI Number
59-463533
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PEREZ, CAMILO C.
2735 N.W. 21ST.
MIAMI, FL 33142

7. Name and Address of New Registered Agent
 Name
PEREZ, ERNESTO
 Street Address (P.O. Box Number is Not Acceptable)
2401 COLLINS AVENUE
#1002
 City
MIAMI BEACH FL Zip Code
33140

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  (NOTE: Registered Agent signature required when reinstating) DATE **2/14/01**

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, 2001 Fee will be \$560.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PEREZ, CAMILO C. 2735 N.W. 21ST. MIAMI, FL. 33142 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, ERNESTO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT PEREZ, ERNESTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2401 COLLINS AVENUE #1002 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP PEREZ, SANTA <input type="checkbox"/> Change <input type="checkbox"/> Addition 2401 COLLINS AVE #1002 MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  DATE **2/14/01** (305) 534 0829 Daytime Phone #

CR2E034 (11/00)