

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90134 023 ***150.00

0155403
 AV

DOCUMENT # 442476

1. Entity Name

SANTANA ORNAMENTAL IRON, INC.

Principal Place of Business

**7815 N W 64 ST.
 MIAMI FL 33166**

Mailing Address

**1301 N.W. 85 WAY
 PEMBROKE PINES FL 33024-4833**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7815 NW 64 ST,

Suite, Apt. #, etc.

MIAMI

City & State

FLA

Zip

Country

33 166

3. Mailing Address

1301 NW 85 way

Suite, Apt. #, etc.

Pembroke Pines

City & State

FLA

Zip

Country

33024

FLA

4. FEI Number

59-1509664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CARLSON, ALEX E
 351 W. 37TH ST
 HIALEAH FL 33166**

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.

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 \$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

TITLE **PD** ☐ Delete
 NAME **SANTANA VICENTE**
 STREET ADDRESS **1301N.W. 85TH WAY**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33024-4833**

TITLE **SD** ☐ Delete
 NAME **SANTANA, IRMA**
 STREET ADDRESS **1301 N.W. 85TH WAY**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024-483**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Vicente Santana

Vicente Santana April 20, 02

954 431 5367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)