

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90077 045 \*\*\*158.75

DOCUMENT # 631759

1. Entity Name

SANTISI'S BOAT CARPENTRY AND MECHANICAL REPAIR, INC.

Principal Place of Business

333 N.E. 59 TERRACE  
MIAMI FL 33137-2122

Mailing Address

333 N.E. 59 TERRACE  
MIAMI FL 33137-2122

2. Principal Place of Business

333 NE 59 TERRACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

Zip

33137

Country

USA

Country

4. FEI Number 59-2042817

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, ANGEL L  
875 NE 179 TERR  
N. MIAMI BEACH FL 33162

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, 2001 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 ☐ Delete  
NAME TD  
STREET ADDRESS SANTISI, THOMAS  
CITY-ST-ZIP 280 N.E. 169 ST.  
N. MIAMI BEACH FL

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS DIAZ, ANGEL L  
CITY-ST-ZIP 875 NE 179 TERR.  
NORTH MIAMI BEACH FL 33162

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

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

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

TITLE ☐ Change ☐ Addition  
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:

Thomas Santisi T.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01 305-7512102 W. KAM

CR2E034 (10/00)