

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A98000002291
Entity Name	SANTOS FAMILY ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24

Principal Place of Business	Mailing Address
36 SANDPIPER ROAD TAMPA FL 33609	36 SANDPIPER ROAD TAMPA FL 33609-3528



Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3538889	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTOS, F. ROBERT 36 SANDPIPER ROAD TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Capital Contributions as Shown on record.	\$250,000.00 22,708	10. Amount of Capital Contributions in FLORIDA to date. 22,708
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SANTOS, F. ROBERT	STREET ADDRESS	
NAME	36 SANDPIPER ROAD	CITY - ST - ZIP	nf 3/21/00
STREET ADDRESS	TAMPA FL 33609		
CITY - ST - ZIP			
DOCUMENT #	SANTOS, SIANA A	STREET ADDRESS	
NAME	36 SANDPIPER ROAD	CITY - ST - ZIP	
STREET ADDRESS	TAMPA FL 33609		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	100003179081--8
NAME		CITY - ST - ZIP	03/22/00 01010 008
STREET ADDRESS			****247.71 ****247.71
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	SIGNATURE REQUIRED <i>Frank Santos</i>	Date	2/29/2000	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				

CR2E003 (9/99)