AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F59297

1. Entity Name

SAN MARTIN ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

800008374868 -- 3

DO NOT WRITE IN THIS SPACE

10-15-02 01047 014 $61.25

2. Principal Place of Business	3. Mailing Address
5000 S.W. 75TH AVENUE	5000S.W. 75TH AVENUE
Suite, Apt. #, etc.: SUITE 202	Suite, Apt. #, etc.: SUITE 202
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number: 59-2162328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LOURDES SAN MARTIN, P.E.

Street Address (P.O. Box Number is Not Acceptable): 5000 S.W. 75TH AVENUE, SUITE 202

City: MIAMI **FL** Zip Code: 33155

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: Lourdes San Martin

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **11/07/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD - SAN MARTIN, LOURDES 5000 S.W. 75TH AVE, STE. 202 MIAMI, FLORIDA 33155	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T - GAFFNEY, VIRGINIA RT. 1 BOX 310 BASS TRAIL CRESCENT CITY, FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JB 11/14
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S - KOROSI, STEPHEN O. 5000 S.W. 75TH AVE, STE. 202 MIAMI, FLORIDA 33155	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lourdes San Martin — 11/07/02 — (305)666-1397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)