

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90107 005 \*\*\*150.00

**DOCUMENT # G18317**

1. Entity Name  
**SANTIAGO PROPERTIES CORP.**



Principal Place of Business  
**2601 S. BAYSHORE DR. S-1400**  
**MIAMI FL 33133**  
**US**

Mailing Address  
**CCS 71**  
**P.O. BOX 025323**  
**MIAMI FL 33102-5323**  
**US**



2. Principal Place of Business  
**1911 COLLINS AVE.**  
**APT. 2103**

3. Mailing Address  
**1911 COLLINS AVE.**  
**APT. 2103**

City & State  
**MIAMI BEACH, FLA.**  
**Zip 33160**  
**Country USA**

City & State  
**MIAMI BEACH, FLA.**  
**Zip 33160**  
**Country USA**

4. FEI Number **65-0106859**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURAN, ALFREDO G**  
**2601 S. BAYSHORE DR., S-1400**  
**MIAMI FL 33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEISAJOVICH, SANTIAGO	
STREET ADDRESS	2601 S. BAYSHORE DR., S-1400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEISAJOVICH, NOEMI	
STREET ADDRESS	2601 S. BAYSHORE DR., S-1400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V.P.D.	<input type="checkbox"/> Delete
NAME	ILAN PEISAJOVICH	
STREET ADDRESS	1911 COLLINS AVE., APT. 2103	
CITY-ST-ZIP	MIAMI BEACH, FLA 33160	
TITLE	T.D.	<input type="checkbox"/> Delete
NAME	ANELETH PEISAJOVICH	
STREET ADDRESS	1911 COLLINS AVE., APT. 2103	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1911 COLLINS AVE., APT. 2103	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SANTIAGO PEISAJOVICH** **3/10/03** **859-2696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)