

2006

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90038 036 ***150.00

DOCUMENT # K19856

1. Entity Name

Patio & Things, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

240 Aragon Ave.

Suite, Apt. #, etc.

3. Mailing Address

240 Aragon Ave.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0039004

Applied For

Not Applicable

Zip

33134-5009

Country

USA

Zip

33134-5009

Country

USA

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

Garcia, Celia

Street Address (P.O. Box Number is Not Acceptable)

9340 S.W. 54th St.

City

Miami

FL

Zip Code

33165

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

| | | | |
|-----------------|--------------------|-----------------|--|
| TITLE | D/P | TITLE | |
| NAME | Santamarina, Maria | NAME | |
| STREET ADDRESS | 9411 S.W. 55th St. | STREET ADDRESS | |
| CITY - ST - ZIP | Miami, FL 33165 | CITY - ST - ZIP | |
| TITLE | D/S/T | TITLE | |
| NAME | Garcia, Celia R. | NAME | |
| STREET ADDRESS | 9340 S.W. 54th St. | STREET ADDRESS | |
| CITY - ST - ZIP | Miami, FL 33165 | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
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| NAME | | NAME | |
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| CITY - ST - ZIP | | CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Santamarina

5-1-06

305-446-6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)