

2007

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

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90202 042 ***150.00

DOCUMENT # K19856
1. Entity Name Patio & Things, Inc.

DO NOT WRITE IN THIS SPACE

400101

2. Principal Place of Business 240 Aragon Ave. Suite, Apt. #, etc.	3. Mailing Address 240 Aragon Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Coral Gables, FL Zip 33134-5009	Country USA	City & State Coral Gables, FL Zip 33134-5009	Country USA	4. FEI Number 65-0039004	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Santamarina, Maria
Street Address (P.O. Box Number is Not Acceptable)
9411 S.W. 55th 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 \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Santamarina, Maria 9411 S.W. 55th St. Miami, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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*

Maria Santamarina

4/14/07

305-446-6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #