

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90081 044 ***558.75

DOCUMENT # K93863
 1. Entity Name
THE SANTO GROUP, INC. ✓

Principal Place of Business Mailing Address
 19707 TURNBERRY WAY APT 28L 19707 TURNBERRY WAY APT 28L
 AVENTURA FL 33180 SUITE GR-27
 AVENTURA FL 33180

2. Principal Place of Business 3. Mailing Address
19955 NE 38th CT **19955 NE 38th CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2106 **2106**
 City & State City & State
AVENTURA, FL **AVENTURA, FL**
 Zip Country Zip Country
33180 **U.S.A** **33180** **U.S.A**



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0129185 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
GREEN, ELAINE K.
19707 TURNBERRY WAY APT 28L
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent
 Name **ELAINE K. GREEN**
 Street Address (P.O. Box Number is Not Acceptable)
19955 NE 38th CT
APT 2106
 City **AVENTURA** FL Zip Code
33180

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 *Elaine K. Green* (**ELAINE K. GREEN**) 8/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 GREEN, GEORGE <input type="checkbox"/> Delete 19707 TURNBERRY WAY APT 28L N. MIAMI BEACH FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREEN, ELAINEK <input type="checkbox"/> Delete 19707 TURNBERRY WAY 28L N. MIAMI BEACH FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE GREEN PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19955 NE 38 th CT, APT 2106 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELAINE K. GREEN 19955 NE 38 th CT AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *George Green* **SIGNATURE REQUIRED (GEORGE GREEN 8/2/00)** 305 937-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)