2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K93863 Aug 09, 2000 8:00 am Secretary of State 1. Entity Name THE SANTO GROUP, INC. 08-09-2000 90081 044 ***558.75 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 <u>3</u>8" 9955 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>2106</u> **みょかん** Applied For City & State 4. FEI Number 65-0129185 Not Applicable \$8.75 Additional 5. Certificate of Status Desired v). Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AINEKGREEN GREEN, ELAINE K. 19707 TURNBERRY WAY APT 28L NORTH MIAMI BEACH FL 33180 AUENTURF 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. GREEN PD ☐ Delete TITLE TITLE GREEN, GEORGE NAME NAME 19955 NE 38" CT, APT 2106 19707 TURNBERY WAY APT 28L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 N. MIAMI BEACH FL 33180 Change ☐ Addition □ Delete TITLE TITLE GREEN, ELAINEK CLAINE K. GREEN NAME NAME 9955 NE 38H CT 19707 TURNBERRY WAY 28L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N. MIAMI BEACH FL 33180 ENTURA FL ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 mistreport 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 proviewered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED AND SIGNATURE OF SIGNING OFFICER OR DIRECTOR

GABEN 8/2/00

937-0485

Daytime Phone #