

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010187

1. Entity Name
SANTA MARIA, L.C.

Principal Place of Business
12741 WORLD PLAZA LANE. BUILDING 84
SUITE 3
FORT MYERS FL 33907

Mailing Address
12741 WORLD PLAZA LANE. BUILDING 84
SUITE 3
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

5109 Del Prado Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL 33904

Zip

Country

Zip

Country

33904

U.S.A.

4. FEI Number

65-1035834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTEL, VIOLA
5109 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME LIETMEYER, KLAUS
STREET ADDRESS AM KATZBERGE 5, D-31139 HILDESHEIM
CITY-ST-ZIP GERMANY ☒ Delete

TITLE MGRM
NAME MUELLER, Rainer
STREET ADDRESS Bauerngasse 4
CITY-ST-ZIP ALGERMISSEN/OT GROSS LOBKE - GERMANY-31191 ☒ Change ☐ Addition

TITLE MGRM
NAME LIETMEYER, ELENA
STREET ADDRESS AM KATZBERGE 5, D-31139 HILDESHEIM
CITY-ST-ZIP GERMANY ☒ Delete

TITLE MGRM
NAME MUELLER, VIOLA
STREET ADDRESS Bauerngasse 4
CITY-ST-ZIP ALGERMISSEN/OT GROSS LOBKE - GERMANY-31191 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 600004101 ☐ Change ☐ Addition
-05/01/01--01040--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-17-01

941-540-0713

CR2E083 (11/00)

FILED
2001 APR 23 PM 3:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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