

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014905

1. Entity Name

SANTORIN, L.L.C.

Principal Place of Business

888 Brickell Key Dr
Suite 705
Miami, FL 33131

Mailing Address

1301 Galiano St
Apt. B
Coral Gables, FL 33134

FILED

01 AUG 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

888 Brickell Key Dr
Suite, Apt. #, etc.
705
City & State
Miami - FL

3. Mailing Address

1301 Galiano St.
Suite, Apt. #, etc.
Apt. B
City & State
Coral Gables - FL

DO NOT WRITE IN THIS SPACE

City & State

Miami - FL

City & State

Coral Gables - FL

Zip

33131

Country

USA

Zip

33134

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Gavidia Blanco, Nicanor
1301 Galiano St.
Apt. B
Coral Gables - FL 33134

7. Name and Address of New Registered Agent

Name Nicanor Gavidia Blanco
Street Address (P.O. Box Number is Not Acceptable)
1301 Galiano St
Apt. B
City Coral Gables FL Zip Code 33134

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

Nicanor Gavidia

Nicanor Gavidia

08/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's Signature Required When Renewing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600004574576--1

-09/07/01--01020--001

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE President ☐ Delete
NAME Nicanor Gavidia
STREET ADDRESS 888 Brickell Key Drive, Suite 705
CITY-ST-ZIP MIAMI - FL 33131

10. ADDITIONS/CHANGES

TITLE President ☒ Change ☐ Addition
NAME Nicanor Gavidia
STREET ADDRESS 1301 Galiano St. Apt. B
CITY-ST-ZIP Coral Gables - FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: NICANOR GAVIDIA

Nicanor Gavidia

08/27/01

305-442-12-55

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

Date

Daytime Phone #