

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # L25516

1. Entity Name
JOSE A. SANTOS, JR., P.A.

| | |
|--|--------------------------------------|
| Principal Place of Business 20 E RIVO ALTO DR | Mailing Address 20 E RIVO ALTO DR |
| MB 33139 US FL | MB 33139 US FL |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

4. FEI Number **65-0155236**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SANTOS, JOSE A. JR.
 20 E RIVO ALTO DR
 MB 33139 FL

7. Name and Address of New Registered Agent
 Name **SANTOS JOSE AJR**
 Street Address (P.O. Box Number is Not Acceptable)
 20 E RIVO ALTO DR
 City **MB** State **FL** Zip Code **33139**

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 **JOSE A. SANTOS, JR.** DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 | DPST <input type="checkbox"/> Delete SANTOS, JOSE A., JR 20 E RIVO ALTO DR MB FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 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 | DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANTOS JOSE AJR 20 E RIVO ALTO DR MB FL 33139 |
| 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 |
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| 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: **JOSE A SANTOS, JR.** DPST **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)