

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55378

1. Entity Name

SANTA FE CONSTRUCTION CORP.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90032 031 ***158.75

Principal Place of Business

10925 NW 27 ST
SUITE 101
MIAMI FL 33172

Mailing Address

10925 NW 27 ST
SUITE 101
MIAMI FL 33172-5009

2. Principal Place of Business

9580 S.W. 40 ST.
Suite, Apt. #, etc.
SUITE B

3. Mailing Address

9580 S.W. 40 ST.
Suite, Apt. #, etc.
SUITE B

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

59-2825295

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESU, SERGIO
11123 N.W.-7 ST
APT. 202
MIAMI FL 33172

Name

BESU-SERGIO

Street Address (P.O. Box Number is Not Acceptable)

9580 S.W. 40 ST. #B

City

MIAMI

FL

Zip Code

33165

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BESU, SERGIO 10925 NW 27ST., #701 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VEGA, MANUEL 6790 S.W. 93 AVE MIAMI FL	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ST BESU SERGIO 9580 S.W. 40th St. #B MIAMI, FL. 33165	<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
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO BESU PRES 3/25/00 (305) 207-7678

CR2E034 (9/99)