NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90138 007 ****72.00

DOCUMENT # N01000007306

1. Entity Name
Spanish Treasures of the Americas, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24 Cathedral Place	PO Box 4396
Suite, Apt. #, etc.: 506	Suite, Apt. #, etc.:
City & State: St. Augustine, Florida	City & State: St. Augustine, Florida
Zip: 32084 Country: St. Johns	Zip: 32085-4396 Country: St. Johns

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1815309 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kevin Kane

Street Address (P.O. Box Number is Not Acceptable): 24 Cathedral Place, Suite 506

City: St. Augustine FL Zip Code: 32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MINOR, LAURA Exec. Director PO Box 839 Hilliard, Florida 32046
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PUCKETT, WILLIAM President PO Box 7005 St. Augustine, FL 32085
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTINEZ, PAUL Vice President 414 Southpoint Drive, Suite C Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KANE, KEVIN Secretary 24 Cathedral Place, Suite 506 St. Augustine, FL 32084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JASON, STEPHANIE PO Box 4396 St. Augustine, FL 32084
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CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA MINOR Exec. Director 4/20/03 904-449-1694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #