

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90330 017 ***150.00

DOCUMENT # P00000007305

1. Entity Name

SANTAMARIA & SON, INC.

Principal Place of Business

~~2359 W 10 AVE.
HIALEAH FL 33010~~

Mailing Address

~~2359 W 10 AVE.
HIALEAH FL 33010~~

2. Principal Place of Business

4460 W 14 Lane

3. Mailing Address

4460 W 14 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

Hialeah

4. FEI Number

650974348

Applied For

Not Applicable

Zip

FL 33012

Country

DADE

Zip

FL 33012

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Raul Santamaria

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

4460 W 14 Lane

City

Hialeah

FL

Zip Code

33012

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, 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 **PD** ☐ Delete
NAME **SANTAMARIA, RAUL**
STREET ADDRESS **2359 W 10 AVE.**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Santamaria Raul**
STREET ADDRESS **4460 W 14 Lane**
CITY-ST-ZIP **Hialeah FL 33012**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/01/01

305-904-4194

CR2E034 (10/00)