

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 013 ***150.00

DOCUMENT # P00000053280

1. Entity Name
SANTA FE SERVICES, INC.

Principal Place of Business
139 TROPICAL AVENUE
WEST PALM BEACH FL 33415

Mailing Address
139 TROPICAL AVENUE
WEST PALM BEACH FL 33415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

139 Tropical Av.

139 Tropical Av.

City & State

City & State

W.P.B FL.

W.P.B FL.

Zip

Country

Zip

Country

33415

W.P.B

33415

W.P.B

4. FEI Number

65-1009300

Applied For

Not Applicable

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

AYALA, JOSE
139 TROPICAL AVENUE
WEST PALM BEACH FL 33415

Name

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

City

FL

Zip Code

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 Ayala*

4-12-02

Signature, typed or printed name of registered agent and date 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, 2002 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 **PD**
 NAME **AYALA, JOSE**
 STREET ADDRESS **139 TROPICAL AVENUE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD**
 NAME **AYALA, MARIA**
 STREET ADDRESS **139 TROPICAL AVENUE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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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

4-12-02

(561) 687-2516

Date

Daytime Phone #

CR2E034 (9/01)