

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91180 004 ***150.00

DOCUMENT # P00000070023

1. Entity Name

SANTI'S AUTO BODY SHOP, INC.

Principal Place of Business

Mailing Address

2090 SOUTHWEST 71ST TERRACE
BAYG3
DAVIE FL 33317

2090 SOUTHWEST 71ST TERRACE
BAYG3
DAVIE FL 33317

C0069848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY G1

BAY G1

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025469

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

LATORRE, SANTIAGO

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

2090 SW 71 TERR

BAY G1

City

DAVIE

FL

Zip Code

33317

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

Santiago Latorre

SANTIAGO LATORRE

04/19/01

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!!

After MAY 1, 2001
Make Check Payable to Department of State

FEES IS \$150.00

plus \$50.00

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	VSD	<input type="checkbox"/> Delete
NAME	LATORRE, SANTIAGO	
STREET ADDRESS	2090 SOUTHWEST 71ST TERRACE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LATORRE, YVETTE C	
STREET ADDRESS	2090 SOUTHWEST 71ST TERRACE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LABORI, ARMANDO	
STREET ADDRESS	2090 SOUTHWEST 71ST TERRACE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

Santiago Latorre

SANTIAGO LATORRE-VP 04/19/01

(954)916-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #