

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #00000 111069

1. Entity Name

Santiago Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 961

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 961

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32790-0961

Country

Zip

32790-0961

Country

4. FEI Number

59-3668173

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name William Santiago

Street Address P.O. Box Number is Not Acceptable

1811 Yorkshire Dr

City

Winter Park

FL

Zip Code

32792

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 remitting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 Santiago, William
NAME 1811 Yorkshire Dr.
STREET ADDRESS Winter Park FL 32792
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Santiago, Grizelle
NAME 1811 Yorkshire Dr.
STREET ADDRESS Winter Park, FL 32792
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all due like empowered.

SIGNATURE:

William Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-678-7830
Daytime Phone #

CR2E034B (12/01)