

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90033 008 ***150.00

US94283
 AT

DOCUMENT # P01000013778

1. Entity Name
SAN MARCOS FRAMES CO.

Principal Place of Business
POST OFFICE BOX 11-0154
MIAMI FL 33111-0154

Mailing Address
POST OFFICE BOX 11-0154
MIAMI FL 33111-0154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1081594

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

CRUZ, JULIAN S
500 BAYVIEW DRIVE, APT 1019
SUNNY ISLES BEACH FL 33160

Name **Gustavo Sinisterra**

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

3301 NE 5th Ave Apt. 815

City **Miami**

FL

Zip Code **33137**

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

17/04/2002

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 **DP** ☐ Delete
 NAME **CRUZ, JULIAN S**
 STREET ADDRESS **500 BAYVIEW DRIVE, APT 1019**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **DP** ☒ Change ☐ Addition
 NAME **SINISTERRA, JULIAN**
 STREET ADDRESS **3301 NE 5th Avenue, Apt. 815**
 CITY-ST-ZIP **Miami, FL. 33137**

TITLE **D** ☐ Delete
 NAME **CRUZ, SANTIAGO S**
 STREET ADDRESS **500 BAY VIEW DRIVE, APT 1019**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **D** ☒ Change ☐ Addition
 NAME **SINISTERRA SANTIAGO**
 STREET ADDRESS **3301 NE 5th Avenue, Apt. 815**
 CITY-ST-ZIP **Miami, FL. 33137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **SINISTERRA GUSTAVO**
 STREET ADDRESS **3301 NE 5th Avenue, Apt. 815**
 CITY-ST-ZIP **Miami, FL 33137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

Gustavo Sinisterra
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/04/2002

Date

3056108623
 Daytime Phone #

CR2E034 (9/01)