


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90213 048 ***150.00

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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

SINISTERRA, GUSTAVO
3301 NE 5TH AVENUE
APT 815
MIAMI FL 33137

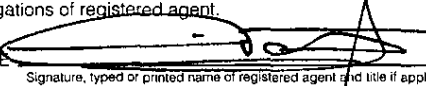
7. Name and Address of New Registered Agent

Name
SINISTERRA, GUSTAVO

Street Address (P.O. Box Number is Not Acceptable)
601 NE 39 st. Apt. 320

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **GUSTAVO SINISTERRA** DATE **03/26/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SINISTERRA, JULIAN	
STREET ADDRESS	3301 NE 5TH AVENUE, APT 815	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINISTERRA, SANTIAGO	
STREET ADDRESS	3301 NE 5TH AVENUE, APT 815	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINISTERRA, GUSTAVO	
STREET ADDRESS	3301 NE 5TH AVENUE, APT 815	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINISTERRA, JULIAN	
STREET ADDRESS	601 NE 39 st. Apt. 320	
CITY-ST-ZIP	Miami, FL, 33137	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINISTERRA, SANTIAGO	
STREET ADDRESS	601 NE 39 st. Apt. 320	
CITY-ST-ZIP	Miami, FL. 33137	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINISTERRA, GUSTAVO	
STREET ADDRESS	601 NE 39 st. Apt. 320	
CITY-ST-ZIP	Miami, FL. 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GUSTAVO SINISTERRA** DATE **03/26/2003** DAYTIME PHONE # **305-610 8623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)