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

DOCUMENT # Poloco 22604 SANTANDER GROUP, INC.



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90381 020 ***150.00

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2. Principal P	ace of Busin	ess LL AVE	3. Mailing Address									
Suite, Apt.			Suite, Apt. #, etc.	-		DO NOT WRITE IN THIS SPACE						
City & State	e ,	FL	City & State	,		4. FEI Number 65 - 1084 26	Applied For Not Applicable					
^{Zip} 3ろ1	31	Country	Zip	Counti	ry	5. Certificate of Status Desired S8.75 Additional Fee Required						
					Name 🙃	ent Registered Ag	jent					
AC PROGRAM AND PORTS	n	വ വ	T WRITE]	CARLOS A. HERNANDEZ							
e was est					Street Address (P.O. Box Number is Not Acceptable)							
	11	4 IHIS	SPACE		600 4	BRICKER AVE	, SULTA	206-N				
					City HUA	MI	/ -	Zip Code				
			atement for the purpose of changir	ng its registere	d office or registe	ered agent, or both, in the State of	Florida. I am famil	iar with, and accept				
the obligati	ons of registe	ered agent.										
SIGNATURE _	Ci-robus bood		stered agent and title if applicable.	(NOTE: Developed	Agent signature require	- Internal Control	DATE					
Jan	uary 1 - Ma	y 1 Fee is \$15	50.00 ==	(NOTE: Registered	Agent signature require							
	After May 1	. Fee is \$550.0 UBR is \$61.25	00			9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
Make Check		Florida Depart	tment of State	- Selective Services	to home the second of the effect that the			Added to 1 cos				
10.	Den	OFFICE	ERS AND DIRECTORS	British (British	STATE OF THE CONTRACT	e en		g to all seasons to an area of the control of the c				
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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 on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZiP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-372-8868