

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90283 024 ***150.00

DOCUMENT # P01000048095

1. Entity Name
CARLOS SANTAMARIA VINEYARDS CORP.

Principal Place of Business

8220 SW 164 TER
MIAMI BEACH FL 33157

Mailing Address

8220 SW 164 TER
MIAMI BEACH FL 33157

2. Principal Place of Business

10004 NW 46TH STREET
 Suite, Apt. #, etc.

3. Mailing Address

10004 NW 46TH STREET
 Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

SUNRISE, FL

4. FEI Number

65-1104243

Applied For

Not Applicable

Zip

33351

Country

U.S.A

Zip

33351

Country

U.S.A

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANTAMARIA, CARLOS A
8220 SW 164 TER
MIAMI BEACH FL 33157

7. Name and Address of New Registered Agent

Name
SANTAMARIA CARLOS A.

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

10004 NW 46TH STREET

City
SUNRISE

FL

Zip Code
33351

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  **CARLOS A. SANTAMARIA**

04/12/02

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!!! 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

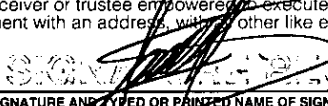
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAMARIA, CARLOS A	
STREET ADDRESS	8220 SW 164 TER	
CITY-ST-ZIP	MIAMI BEACH FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACCORMACK, LISA	
STREET ADDRESS	8220 SW 164 TER	
CITY-ST-ZIP	MIAMI BEACH FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAMARIA, CARLOS O	
STREET ADDRESS	8220 SW 164 TER	
CITY-ST-ZIP	MIAMI BEACH FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERANO, SILVIA	
STREET ADDRESS	8220 SW 164 TER	
CITY-ST-ZIP	MIAMI BEACH FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

 **CARLOS A. SANTAMARIA**

04/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)