

03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -6 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082790

1. Entity Name

Santa Investment Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 N.W. 114 Ave

3. Mailing Address

520 N.W. 114 Ave #102

Suite, Apt. #, etc.

Miami FL

Suite, Apt. #, etc.

Miami

City & State

City & State

Zip

33172

Country

Dade

Zip

33172

Country

Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1134069

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose F Lopez

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

520 N.W. 114 Ave #102

City

Miami

FL

Zip Code

33172

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/30/03

January 1 - May 1 Fee is \$450.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Jose F Lopez
STREET ADDRESS 520 N.W. 114 Ave #102
CITY-ST-ZIP Miami FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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06/06/03--01004--008 **150.00

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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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

CR2E034B (12/02)

gr 6/6