

3/6/02

FILED

Apr 23, 2002 8:00 am
Secretary of State

03-06-2002 90002 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110845

1. Entity Name

SANTA FE COLONIES, INC.

Principal Place of Business

P.O. BOX 1296
PLYMOUTH FL 32768

Mailing Address

P.O. BOX 1296
PLYMOUTH FL 32768

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1296

Suite, Apt. #, etc.

City & State

Plymouth FL

Zip

32768

Country

USA

4. FEI Number

80-0020485

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIMOR, NACHSHON
8937 W. SUNRISE BLVD.
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name: LIMOR NACHSHON

Street Address (P.O. Box Number is Not Acceptable)
4525 Sadler Rd

City Zellwood

FL

Zip Code
32768

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 reinstalling)

DATE

2/17/02

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME LIMOR, NACHSHON
STREET ADDRESS P.O. BOX 1296
CITY-ST-ZIP PLYMOUTH FL 32768☐ DeleteTITLE D
NAME RUMPF, SUSAN
STREET ADDRESS P.O. BOX 1296
CITY-ST-ZIP PLYMOUTH FL 32768☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02

Date

407 852 1188

Daytime Phone

CR2E034 (9/01)