

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

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DOCUMENT # P01000110960

1. Entity Name

INVERSIONES SANTA MARTA Y HARRIS, INC.

FILED

03 MAY -7 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6073 NW 167 Street

3. Mailing Address

782 NW LE JEUNE ROAD

Suite, Apt. #, etc.

C-20

Suite, Apt. #, etc.

629

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

75-3018762

Applied For

Not Applicable

Zip

33015

County

MIAMI-DADE

Zip

33126

County

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

OSVALDO NAVARRO

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

782 NW LE JEUNE ROAD SUITE 629

City

MIAMI,

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity is the sole proprietor for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of Director or Officer (See instructions on back and file if applicable)

NOTE: Registered Agent signature required when (re)registering

DATE

9. This corporation is eligible for a non-taxable
Tax filing requirement and election to file so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DPT

NAME

SANTAMARTA, FERNANDO

STREET ADDRESS

174 WINSTON TOWER 600/1911

CITY-STATE-ZIP

MIAMI, FL. 33160

TITLE

DVPS

NAME

HARRIS, CELINDA

STREET ADDRESS

174 WINSTON TOWER 600/1911

CITY-STATE-ZIP

MIAMI, FL. 33160

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-STATE-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 by me with that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SANTAMARTA, FERNANDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-14-03

(305) 819-9225

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

02-03

TS

000018832550
05/13/03--01032--012 **750.00

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

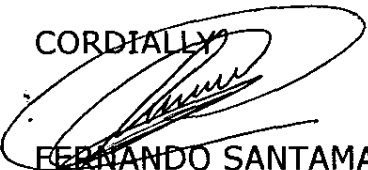
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT. I HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



FERNANDO SANTAMARTA
PRESIDENT