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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110960

1. Entity Name
INVERCIONES 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	3. Mailing Address
6073 NW 167 Street	782 NW LE JEUNE ROAD
Suite, Apt. #, etc C-20	Suite, Apt. #, etc. 629
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33015	Zip 33126
County MIAMI-DADE	Country MIAMI-DADE

4. FEI Number
75-3018762
☐ Applied For
☐ Not Applicable

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

6. 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 _____ DATE
Signature of new registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to file [illegible] Tangible Tax filing requirement and elects to do 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT SANTAMARTA, FERNANDO 174 WINSTON TOWER 600/1911 MIAMI, FL. 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HARRIS, CELINDA 174 WINSTON TOWER 600/1911 MIAMI, FL. 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	000018832550 05/13/03--01032--012 **750.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ SANTAMARTA, FERNANDO 4-14-03 (305) 819-9225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

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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