

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90016 041 \*\*\*150.00

**DOCUMENT # P01000111553**

**1. Entity Name**  
**SANTANA EMBROIDERY INC.**

**Principal Place of Business**  
**19477 NE 10TH AVENUE APT 106**  
**MIAMI FL 33179**

**Mailing Address**  
**19477 NE 10TH AVENUE APT 106**  
**MIAMI FL 33179**

00000000



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**  
**13363 SW 31ST ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Miramar FL**

**4. FEI Number**  
**01-0556301**

Applied For  
 Not Applicable

Zip Country  
**33027 USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MACEDO, LINDA S**  
**19477 NE 10TH AVENUE APT 106**  
**MIAMI FL 33179**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**13363 SW 31ST Street**  
 City & State  
**Miramar FL 33027**

**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** *Linda Macedo*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/4/02**

**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 State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME ☐ Delete  
**D MACEDO, LINDA S**  
 STREET ADDRESS  
**19477 NE 10TH AVENUE APT 106**  
 CITY-ST-ZIP  
**MIAMI FL 33179**

TITLE NAME ☒ Change ☐ Addition  
**13363 SW 31ST ST.**  
 STREET ADDRESS  
**Miramar, FL 33027**  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**D MACEDO, CYNTHIA M**  
 STREET ADDRESS  
**19477 NE 10TH AVENUE APT 106**  
 CITY-ST-ZIP  
**MIAMI FL 33179**

TITLE NAME ☒ Change ☐ Addition  
**13363 SW 31ST ST.**  
 STREET ADDRESS  
**Miramar, FL 33027**  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
**D MACEDO, ANGELA S**  
 STREET ADDRESS  
**19477 NE 10TH AVENUE APT 106**  
 CITY-ST-ZIP  
**MIAMI FL 33179**

TITLE NAME ☒ Change ☐ Addition  
**13363 SW 31ST ST.**  
 STREET ADDRESS  
**Miramar, FL 33127**  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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 all other like empowered.**

**SIGNATURE:** *Linda Macedo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/02**  
 Date Daytime Phone #

CR2E034 (9/01)