

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

05-05-2002 90179 001 \*\*\*300.00  
FILED PO1000113210

02 MAY -9 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 80249

DOCUMENT # PO1 000113210  
1. Entity Name Santoli Corp ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2450 SW 137 AVE</u> Suite, Apt. #, etc. <u>#234</u> City & State <u>miami FL</u> Zip <u>33175</u> Country <u>USA</u>		3. Mailing Address <u>2450 SW 137 AVE</u> Suite, Apt. #, etc. <u>#234</u> City & State <u>miami, FL</u> Zip <u>33175</u> Country <u>USA</u>	
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4. FEI Number <u>30-0012146</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

Name <u>Peter M. Lopez, Esq</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2450 SW 137 AVE #234</u>
City <u>miami</u> FL Zip Code <u>33175</u>

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/18/02  
DATE

9. This corporation is eligible to satisfy its intangible 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	<u>D. Pres. &amp; Sec.</u> <u>DANIEL SANTOS CABRERA</u> <u>C/O 2450 SW 137 AVE #234</u> <u>Miami, FL 33175</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Vice-Pres</u> <u>RASQUEL SANTOS OLIVERO</u> <u>C/O 2450 SW 137 AVE #234</u> <u>miami, FL 33175</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Vice Pres &amp; Treasurer</u> <u>MARIA DOBRES OLIVERO GARCIA</u> <u>C/O 2450 SW 137 AVE #234</u> <u>Miami, FL 33175</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Vice Pres.</u> <u>DANIEL SANTOS OLIVERO</u> <u>C/O 2450 SW 137 AVE #234</u> <u>Miami, FL 33175</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Asst. Sec.</u> <u>PETER M. LOPEZ</u> <u>2450 SW 137 AVE #234</u> <u>Miami, FL 33175</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [Signature]

(Signature and typed or printed name of signing officer or director)

4/18/02  
Date

(305) 553 8020  
Daytime Phone #

CR2E034B (12/01)