

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

FILED

DOCUMENT # PD2000009500



03 OCT 31 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Santa Fe inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 East Lakeshore BLVD

3. Mailing Address

900 East Lakeshore BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 03

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

01*0605700

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Nino Mazzaro

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

900 East Lakeshore BLVD

City Kissimmee

FL

Zip Code 34744

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if not owner.

(NOTE: Registered Agent signature required when reinstating)

10/27/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Nino Mazzaro
STREET ADDRESS 900 East Lakeshore BLVD
CITY- ST- ZIP Kissimmee FL 34744

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S
NAME Clay King
STREET ADDRESS 900 East Lakeshore BLVD
CITY- ST- ZIP Kissimmee FL 34744

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STREET ADDRESS
CITY- ST- ZIP

12. 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 10 or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/03

407-348-9033

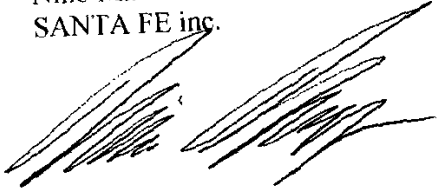
DATE

Original Phone #

SP250315 (12/02)

I did not receive the documentation.
I called and they said it got returned and that you never got the form we sent changing the address.
The person I spoke to said to Wright a letter explaining just that.
So I do not get charged the other fee. So this is the letter.

Nino Mazzaro
SANTA FE inc.



SANTA FE

Nino Mazzaro_President

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