

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90129 040 ***150.00

DOCUMENT # P02000009746

1. Entity Name
SANTA MARIA 1101, INC.



Principal Place of Business
~~C/O AGI-REGISTERED AGENTS, INC.~~
~~1200 BRICKELL AVENUE SUITE 900~~
MIAMI FL 33131

Mailing Address
~~C/O AGI-REGISTERED AGENTS, INC.~~
~~1200 BRICKELL AVENUE SUITE 900~~
MIAMI FL 33131

2. Principal Place of Business
1900 SW 3rd AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1900 SW 3rd AVENUE
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip 33129
Country USA

City & State
MIAMI FL
Zip 33129
Country USA

4. FEI Number 06-1644272

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~AGI-REGISTERED AGENTS, INC.~~
~~1200 BRICKELL AVENUE SUITE 900~~
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name JOSE MARIA CARNEIRO DA CUNHA
Street Address (P.O. Box Number is Not Acceptable) 1900 SW 3rd AVENUE
City MIAMI **FL** **Zip Code** 33129

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 JOSE MARIA CARNEIRO DA CUNHA **DATE** 03/28/2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	EL NASHAR, KAMAL	
STREET ADDRESS	1200 BRICKELL AVENUE SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRIZIO CLERICI	
STREET ADDRESS	1643 BRICKELL AVENUE # 3105	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRIZIO CLERICI **DATE** 03/28/2003 **DAYTIME PHONE #** 305-8581099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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