

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90186 022 ***150.00

DOCUMENT # P02000108727

1. Entity Name
SANTILLAN & CO, INC.



Principal Place of Business
**3741 ROYAL PALM AVE #1
MIAMI BEACH FL 33140**

Mailing Address
**3741 ROYAL PALM AVE #1
MIAMI BEACH FL 33140**



2. Principal Place of Business

401 BISCAYNE BLVD.

3. Mailing Address

3741 ROYAL PALM AV.

Suite, Apt. #, etc.

NOG

Suite, Apt. #, etc.

1

City & State

MIAMI, FL

City & State

MIAMI BEACH, FL

Zip

33132

Country

USA

Zip

33140

Country

USA

4. FEI Number

611428155

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

**SANTILLAN, OLGA G
3741 ROYAL PALM AVE #1
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SANTILLAN, OLGA G**
STREET ADDRESS **3741 ROYAL PALM AVE #1**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **V** ☐ Delete
NAME **SANTILLAN, WALTER R**
STREET ADDRESS **3741 ROYAL PALM AVE #1**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 signature, with all other like empowered.

SIGNATURE:

SANTILLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03

Date

305-416-5280

Daytime Phone #

CR2E034 (10/02)