

2,003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 07, 2003 8:00 am  
Secretary of State  
05-07-2003 90170 023 \*\*\*158.75

DOCUMENT # P02000119229  
1. Entity Name  
INVERSIONES SANTA FE INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10338 W. FLAGLER ST.  
Suite, Apt. #, etc.  
City & State  
MIAMI, FLA.  
Zip  
33174-1746  
Country  
USA.

3. Mailing Address  
10338 W. FLAGLER ST.  
Suite, Apt. #, etc.  
City & State  
MIAMI, FLA.  
Zip  
33174-1746  
Country  
USA.

4. FEI Number  
01-0754786  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent  
Name  
MARIA B. GUERRA.  
Street Address (P.O. Box Number is Not Acceptable)  
6931 S.W. 157 CT.  
City  
MIAMI  
FL  
Zip Code  
33193

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 (MARIA B. GUERRA) 05/03/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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 NAME STREET ADDRESS CITY-ST-ZIP	T.D. ANA. C. GUERRA 6931 S.W. 157 CT. MIAMI, FL. 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FREDDY R. SILVA 6931 S.W. 157 CT. MIAMI, FL. 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARIA B. GUERRA 6931 S.W. 157 CT. MIAMI, FL. 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: (MARIA B. GUERRA) 05/03/03 (305) 223-2093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)