

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041380

1. Entity Name

SANTIAGO TRADING USA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90116 007 ***150.00

Principal Place of Business

Mailing Address

800 SECOND AVE. SOUTH
SUITE 340
ST. PETERSBURG FL 33701

800 SECOND AVE. SOUTH
SUITE 340
ST. PETERSBURG FL 33701-4026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0493359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIERLEY, JOHN C
111 E. MADISON STREET
SUITE 2400
TAMPA FL 33602

Name **Parker, J. Kenneth**

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

800 Second Avenue South

Suite 340

City **St. Petersburg,**

FL

Zip Code **33701**

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

J. Kenneth Parker

J. Kenneth Parker

April 17, 2000

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	PARKER, J. KENNETH	
STREET ADDRESS	800 SECOND AVE. SOUTH, SUITE 340	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CROOK, GEORGE	
STREET ADDRESS	800 SECOND AVENUE SOUTH SUITE 340	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LANG, JAMES T.	
STREET ADDRESS	800 SECOND AVENUE SOUTH SUITE 340	
CITY-ST-ZIP	ST. PETERSBURG FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Lang
JAMES T. LANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000 **(727) 822-2452**

Date

Daytime Phone #

CR2E034 (9/99)