2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P96000070933 **DOCUMENT #**



1. Entity Name SANTIAGO DE LAS VEGAS, CORP. Principal Place of Business Mailing Address 2440 CORAL WAY 2440 CORAL WAY MIAMI FL 33145 MIAMI FL 33145

Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90069 006 ***150.00

[UUGHY4Y]



☐ CHECK HERE IF MAKING CHANGES

Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINO. RAUL F ESQ. Street Address (P.O. Box Number is Not Acceptable)

2440 CORAL WAY MIAMI FL 33145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Code City

65-0697330

4. FEI Number

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.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE RODRIQUEZ ARTURO
16120 E. TROON CR
NIAMI LAKES, Fl 33014 RODRIGUEZ, ARTURO NAME NAME 15925 WEST PRESTWICK STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33013 CITY-ST-7IP CITY-ST-ZIP ☐ Addition RODRIQUEZ EULALIA 16120 E. TROON CE DVT ☐ Delete TITLE **★** Change RODRIGUEZ. EULALIÁ NAMÉ 15925 WEST PRESTWICK STREET ADDRESS STREET ADDRESS MIANI LAKES, Fl 33014 MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Chlum TED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment#

LAW Offices
RAUL F. PINO, P.A.
2440 Coral Way
Miami, Florida 33145

16632545 P9600070933 Telephone (305) 854-1904 Facsimile (305) 854-1937

March 21, 2003

Secretary of Florida
Division of Corporation
Caller Service # 1500
Tallahassee, FI 32302-1500

Re: SANTIAGO DE LAS VEGAS CORP

Our File NO.: 96-9018

Gentlemen:

Enclosed please find your 2003 Annual Report Forms which has been completed and duly executed by the undersigned.

Also enclosed please find our check to cover your fees in the amount of \$ 150.00.

Do not hesitate to contact us if you should need any additional information.

Sincerely yours,

Paul F. Pino, Esglio RAUL F. PINO, ESQ

RFP/vv Encl