

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90291 036 \*\*\*150.00

DOCUMENT # **P96000073734**



1. Entity Name  
**SANTIAGO'S PINES CORP.**

Principal Place of Business  
**17185 PINES BLVD  
PEMBROKE PINES FL 33027**

Mailing Address  
**17185 PINES BLVD  
PEMBROKE PINES FL 33027**



CHECK HERE IF MAKING CHANGES

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 <b>65-0722961</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>GORMAN, BETTY</del> <del>17185 PINES BLVD</del> <del>PEMBROKE PINES FL 33027</del>				Name <b>Jennifer Gorman</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>17185 Pines BL</b>			
				<b>#1</b>			
				City <b>Pembroke Pines, FL 33027</b>		Zip Code <b>FL 33027</b>	

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: *Jennifer Gorman Pres.* **Jennifer Gorman, President** 4/21/03  
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DPS&amp;T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>GORMAN, BETTY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>Jennifer Gorman</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>GORMAN, BETTY</del>		NAME <b>Jennifer Gorman</b>		NAME <del>GORMAN, BETTY</del>		NAME <b>Jennifer Gorman</b>	
STREET ADDRESS <del>17185 PINES BLVD</del>		STREET ADDRESS <b>17185 Pines BL, #1</b>		STREET ADDRESS <del>17185 PINES BLVD</del>		STREET ADDRESS <b>17185 Pines BL, #1</b>	
CITY-ST-ZIP <del>PEMBROKE PINES FL 33027</del>		CITY-ST-ZIP <b>Pembroke Pines, FL 33027</b>		CITY-ST-ZIP <del>PEMBROKE PINES FL 33027</del>		CITY-ST-ZIP <b>Pembroke Pines, FL 33027</b>	
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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/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: *Jennifer Gorman Pres.* **Jennifer Gorman, President (954) 432-0041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)