

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90083 036 ***150.00

DOCUMENT # P97000024317



1. Entity Name
SANTA BARBARA PROPERTIES, INC.

Principal Place of Business
**5850 SW 19TH ST
MIAMI FL 33155
US**

Mailing Address
**5850 SW 19TH ST
MIAMI FL 33155
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0739706**

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

**GUAJARDO, ERLINDA
5850 SW 19TH ST
MIAMI FL 33155**

Name **Erlinda Garcia**
Street Address (P.O. Box Number is Not Acceptable)
5850 SW 19 St.
City **Miami** **FL** Zip Code **33155**

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 **Erlinda Garcia** **Erlinda Garcia**

1/6/03

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 **P** ☐ Delete
NAME **GUAJARDO, ERLINDA**
STREET ADDRESS **5850 SW 19TH ST**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Erlinda Garcia**
STREET ADDRESS **5850 SW 19 St.**
CITY-ST-ZIP **Miami FL 33155**

TITLE **VP** ☐ Delete
NAME **GARCIA, DOMINGO**
STREET ADDRESS **5850 SW 19TH ST**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: **Erlinda Garcia** **Erlinda Garcia** **1/6/03** **(305) 2620106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)