

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003469

1. Entity Name

SANTA FE COLONIAL INC

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90112 035 ***150.00

Principal Place of Business

Mailing Address

15350 SW 268TH ST.
MIAMI FL 33032

15350 SW 268TH ST.
MIAMI FL 33032-7200

2. Principal Place of Business

3. Mailing Address

4664 SW 72 Ave

12400 SW 99 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FLA

4. FEI Number
65-0804222

Applied For

Not Applicable

Zip
33155

Country
USA

Zip
33186

Country
USA

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

RECIO, ENRIQUE
15350 SW 268TH ST.
MIAMI FL 33032

Name
MARIA T. RECIO
Street Address (P.O. Box Number is Not Acceptable)
12400 SW 99 Street

City
MIAMI FL Zip Code
33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D RECIO, ENRIQUE 15350 SW 268TH ST. MIAMI FL 33032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECIO, MARIA T 15350 SW 268TH ST. MIAMI FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA T. RECIO 12400 SW 99 ST MIAMI FLA. 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OMAR M VAZQUEZ 12400 SW 99 Street Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maria Teresa Recio 4-10-00 305-665-5580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)