2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90032 009 ***150.00

DOCUMENT # P98000009698

1. Entity Name

SANTIAGO ACCOUNTING SERVICES, INC. V

Principal Place of Business	Mailing Address
4971 N. University Dr, Suite 2406 Lauderhill, FL 33351	4971 N. University Dr, Suite 2406 Lauderhill, FL 33351

000442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4987 N. University Dr.		P.O. BOX 25793	
Suite, Apt #, etc. 17A		Suite, Apt. #, etc.	
City & State Lauderhill, FL		City & State Tamarac, FL	
Zip 33351	Country USA	Zip 33320	Country USA

4. FEI Number 65-0809756 — 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
Aguilera, Santiago 7811 NW 46 CT. Lauderhill, FL 33351	Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2001 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	P Aguilera, Santiago A. 7811 NW 46 CT. Lauderhill, FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 04/28/01 (954)-747-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #