

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014128

1. Entity Name

SANTANA AND SONS TRADING GROUP, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90018 003 ***150.00

Principal Place of Business

Mailing Address

170 OCEAN LANE DRIVE SUITE 808
KEY BISCAYNE FL 33149

170 OCEAN LANE DRIVE SUITE 808
KEY BISCAYNE FL 33149-7275

2. Principal Place of Business

3. Mailing Address

540 Sabal Palm Dr. 540 Sabal Palm Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Biscayne, FL Key Biscayne, FL

Zip

Country

Zip

Country

33149 Miami Dade 33149 Miami Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, HUMBERTO J JR
170 OCEAN LANE DRIVE SUITE 808
KEY BISCAYNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

540 Sabal Palm Dr

Key Biscayne

FL

Zip Code 33149

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 D ☐ Delete
NAME SANTANA, HUMBERTO J JR
STREET ADDRESS 170 OCEAN LANE DRIVE SUITE 808
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☒ Change ☐ Addition
NAME 540 Sabal Palm Dr
STREET ADDRESS Key Biscayne, FL 33149
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 (305) 365-3733
Date Daytime Phone #

CR2E034 (9/99)