

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90341 028 ***150.00

DOCUMENT # P98000032379

1. Entity Name

SANTANA APPLIANCES, INC.

Principal Place of Business

**3517 N.W. 17TH AVENUE
 MIAMI FL 33142**

Mailing Address

**3517 N.W. 17TH AVENUE
 MIAMI FL 33142**

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 **65-0828040**

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

**GARCIA, CARLOS C.P.A.
 11430 N. KENDALL DRIVE
 SUITE 225
 MIAMI FL 33176**

Name

ENERIO SANTANA

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

3517 N.W. 17th AVE

City

Miami

FL

Zip Code

33142

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 *Enerio Santana*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **SANTANA, ENERIO**
 CITY-ST-ZIP **6171 S.W. 110TH AVENUE
 MIAMI FL 33173**

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

TITLE ☐ Delete
 NAME
 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:

ENERIO SANTANA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/18/02

Daytime Phone #

CR2E034 (4/02)

Attachment
Document #
P98000032379

SECRETARY OF STATE
DIVISION OF CORPORATION

P98000032379

SANTANA APPLIANCES, INC.

3517 N.W. 17th AVE

MIAMI FL 33172

Gentlemen:

We just received the UNIFORM Business Report, we didn't file this before due to the fact that we never received and this is first time that we received this this year.

We kindly request that you consider this fact and accept our payment of \$100.00 as payment of this Report. Our business is so small that will be devastating and extra \$400.00 of payment or dissolution of our corporation.

THANKS very much FOR YOUR HELP

SANTANA APPLIANCES, INC.