

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91765 023 \*\*\*150.00

DOCUMENT # P98000098701

1. Entity Name

REDECOMSA, INC.



**DO NOT WRITE IN THIS SPACE**

90128477

2. Principal Place of Business

4521 NW 2nd. St.

3. Mailing Address

4521 NW 2nd. St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-0914418

Applied For

Not Applicable

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Santana, Martin A.

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

4521 NW 2nd. St.

City  
Miami

FL

Zip Code  
33126

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SANTANA, MARTIN A.  
4521 NW 2nd. St.  
Miami, Fl. 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VT  
CASTRO DE SANTANA, SONNYA  
4521 NW 2nd. St.  
Miami, Fl. 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin A. Santana 4/29/03  
President

Date

Daytime Phone #

(305) 44-1235

CR2E034B (12/02)