

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90082 017 \*\*\*150.00

DOCUMENT # P98000101616

1. Entity Name

JAMES SANTIAGO, INC.

Principal Place of Business

Mailing Address

2307 N ANDREWS AVE  
FORT LAUDERDALE FL 33301

2307 N ANDREWS AVE  
FORT LAUDERDALE FL 33311-3924

2. Principal Place of Business

2307 N. Andrews Ave

3. Mailing Address

2307 N. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. LAUD.

City & State

FLA.

City & State

FT. LAUD. FLA.

Zip

Country

33311

USA

Zip

33311

Country

USA

4. FEI Number

65-0873276

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

SANTIAGO, JAMES

1314 E LAS OLAS BLVD.

SUITE 102

FORT LAUDERDALE FL 33301

Name

SAME.

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

2307 N. Andrews Ave.

City

FT Lauderdale

FL

Zip Code

33311

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

4/3/00

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

PSTD  
SANTIAGO, JAMES  
2307 N ANDREWS AVE  
FORT LAUDERDALE FL 33311

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES SANTIAGO

4/3/00 954.524.3752

CR2E034 (9/99)