## 2000 UNIFORM BUSINESS REPORT (UBR)

	CITII CAM BOSI	IVESS HER O		(ODA)		•				
DOCUMENT # P99000037292  1. Entity Name						FILED				
T. SAN TORO ENTERPRISES, INC.				٠		00 JUN 12 PM 3: 32				
Principal Place of Business Mailing Address				<u> </u>	$\neg$	SFRRF TA	RY NE	STATE		
1012 10TH STREET EAST PALMETTO FL 34221		1012 10TH STREET EAST PALMETTO FL 34221-4132				SEGRETA TALLAHAI	SSEE. F	LORIDA	4	
PALMETTOTE	34221	PALMETTO PE SHEET-HISE			2	110/00 9003	5/01	⊅ \$	190.0	D
2. Principal Place of Business		3. Mailing Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS S	PACE		
City & State		City & State			4.	FEI Number	<del></del>		plied For at Applicable	7
Zip	Country Zip		Cour	Country		Certificate of Status Desired		\$8.75 Add	ditional	1
	6. Name and Address of Current R	egistered Agent			7.	Name and Address of New R	gistered A	gent		1=
SANTORO, THOMAS J DR.				Name		·				_
5815	5 18TH ST. EAST ENTON FL 34222		Street Address			Box Number is Not Acceptable	· <del></del>			4
ELLE	INTUIN PL 34222			City	<del></del>		FL	Zip Code		-
A 7. I		the annual of the size is		<u> </u>		gont as but in the State of Flo		]		-
8. The above	named entity submits this statement for	the purpose of changing its	egister	eo onice or reg	lizieled S			-		
SIGNATURE	Signature, typed gybrinted righte of registered agent ar	d title if applicable. (NOTE	Registere	kd Agent signatura re	quired when	reinstating)	22 - C	<i>90</i>		
9. This carpo	oration is eligible to satisfy its Intangible	FILE NOW!	! FEE	IS \$150.00						-
Tax filling requirement and elects to do so. (See criteria on back)		After MAY 1, 200 Make Check Payabl	0 Fee	will be \$550.	00	<b>"10.</b> Election Campaign:Final Trust Fund Contribution			O May Be	;
11.	OFFICERS AND D		12.			DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	}_
TITLE	Owner J. Sc.	<b>1</b> □ Delete	TITL			Č		☐ Change	Addition	CR2E034 (9/99)
NAME STREET ADORESS	1012 10th St.	5,		ET ADDRESS						934
CITY-ST-ZIP	Polmeto FL 3	4221		-ST-ZIP				☐ Change	☐ Addition	- 2분
TITLE NAME		Delete	HAM	· •			• •	□ ensults	Addition	
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP		•				
. <u>-</u> 111LE		Delete	III					Change _	Addition	-
NAME STREET ADDRESS				ET ADDRESS		,				
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP				☐ Change	Addition	$\frac{1}{2}$
NAME			NAM	iÉ						
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRESS -ST-ZIP			A.S			}
TITLE		☐ Delete	TITL	ľ	·	6		Change	☐ Addition	1
NAME STREET ADDRESS			NAM Stre	E ET ADDRESS						
CITY-ST-ZIP			СПУ	-ST-ZIP			<u></u> -			
TITLE NAME		☐ Delete	TITU Nam					☐ Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		Lin filt		-ST-ZIP	- Partir	110 07/000 Fledde Otation 1	further as a	far short short-	formation	-
<ol> <li>I hereby of indicated of the corp changed,</li> </ol>	certify that the information supplied with to on this report or supplementa report is to poration or the receiver or studies empower on an attachment with an address, with a supplementation of the address of t	nis filing does not qualify for rue and accurate and that m vered to execute this report a thalf other like empowered.	me exe y signa s requi	mption stated in ture shall have red by Chapter	n Section the same 607, Flor	in 19.07(3)(i). Florida Statutes. I glegal effect as if made under o rida Statutes; and that my name	rurmer certi ath; that I ar appears in	ny mat me in n an officer Block 11 or	or director Block 12 if	
SIGNAT	URE: My	M. D.			2-	200 (94	1) 722	-525	<u>{</u>	
	SIGNATURE AND TYPED OF DRI	NTED NAME OF SIGHING OFFICER O	P MRECT	OB	_	Date	(Dec	Jume Phone #		,