

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040361

1. Entity Name
SAINT PAUL INTERNATIONAL, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90021 011 ***150.00

Principal Place of Business
320 LONGSHADOW CT.
OCOE FL 34761

Mailing Address
320 LONGSHADOW CT.
OCOE FL 34761-4746

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2025 Wintermore Pt Dr.
Suite, Apt. #, etc.

3. Mailing Address
2025 Wintermore Pt Dr.
Suite, Apt. #, etc.

City & State
Winter Garden FL

City & State
Winter Garden FL

Zip
34786

Zip
34787

Country

Country

4. FEI Number
52-2165035

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASAL DE REY, FERNANDO
320 LONGSHADOW CT.
OCOE FL 34761

7. Name and Address of New Registered Agent
Name
CASAL-De Rey, Fernando
Street Address (P.O. Box Number is Not Acceptable)
2025 Wintermore Pointe Dr.
C/O JANICE Buxbaum
City
Winter Garden FL Zip Code
34787

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 Fernando Casal De Rey DATE 4-7-00
Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PSD	<input type="checkbox"/> Delete	NAME CASAL DE REY, FERNANDO	STREET ADDRESS 320 LONGSHADOW CT. 2025 Wintermore Pt Dr. OCOE FL 34761 Winter Garden FL 34787	CITY-ST-ZIP Winter Garden FL 34787
TITLE VTD	<input type="checkbox"/> Delete	NAME CASAL DE REY, VALERIA	STREET ADDRESS 320 LONGSHADOW CT. 2025 Wintermore Pt Dr. OCOE FL 34761 Winter Garden FL 34787	CITY-ST-ZIP Winter Garden FL 34787
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Christian C. Rey	STREET ADDRESS 2025 Wintermore Pointe Dr. Winter Garden FL 34787	CITY-ST-ZIP Winter Garden FL 34787
TITLE Sales Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME VANESSA C. Rey	STREET ADDRESS 2025 Wintermore Pointe Dr. Winter Garden FL 34787	CITY-ST-ZIP Winter Garden FL 34787
TITLE Finance Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME TATIANA C. Rey	STREET ADDRESS 2025 Wintermore Pointe Dr. Winter Garden FL 34787	CITY-ST-ZIP Winter Garden FL 34787
TITLE Purchases Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME TARYN C. Rey	STREET ADDRESS 2025 Wintermore Pointe Dr. Winter Garden FL 34787	CITY-ST-ZIP Winter Garden FL 34787
TITLE Materials Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME THIAGO C. Rey	STREET ADDRESS 2025 Wintermore Pointe Dr. Winter Garden FL 34787	CITY-ST-ZIP Winter Garden FL 34787
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Fernando Casal De Rey DATE 4-7-00 DAYTIME PHONE # 407-6560699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)