

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91643 007 ***150.00

0082187 AV

DOCUMENT # V21683

1. Entity Name
SAN BARONTO, INC.

Principal Place of Business: **1114 SHAFFER TRAIL OVIEDO FL 32765**
 Mailing Address: **1114 SHAFFER TRAIL OVIEDO FL 32765**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3148628** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MOROSI, MARIO M.
1114 SHAFFER TRAIL
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MOROSI, MARIO M.	
STREET ADDRESS	1114 SHAFFER TRAIL	
CITY-ST-ZIP	OVIEDO FL	
TITLE	-PS	<input type="checkbox"/> Delete
NAME	MOROSI, MARIO M.	
STREET ADDRESS	1114 SHAFFER TRAIL	
CITY-ST-ZIP	OVIEDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOROSI, ANNA MARIA	
STREET ADDRESS	1114 SHAFFER TRAIL	
CITY-ST-ZIP	OVIEDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOROSI, PAOLO	
STREET ADDRESS	1114 SHAFFER TRAIL	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Mario M. Morosi* **APRIL 21, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)