

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26265

1. Entity Name

SANTORO, INC.

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

03-14-2000 90078 003 ***150.00

Principal Place of Business

Mailing Address

2100 CENTRAL PARK BLVD W.
STE 900
POMPANO BCH FL 33064

2100 CENTRAL PARK BLVD W.
STE 900
POMPANO BCH FL 33064

2. Principal Place of Business

3. Mailing Address

2875 NE 191 ST

2875 NE 191 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH1

PH1

City & State

City & State

AVENTURA FL

AVENTURA FL

Zip

Country

Zip

Country

33180

USA

33180

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEODRE J KLEIN, ATTY
88 NE 168TH ST
N. MIAMI BCH. FL 33160

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SREDNI, ISAAC
2875 N 191 ST PH=1
AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SREDNI, MIRIAM
2875 NE 191 ST PH-1
AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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

Date

Daytime Phone #

02 24 2000 305 945
0405

CR2E034 (9/99)