

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90012 021 \*\*\*150.00

**DOCUMENT # P94000049760**

1. Entity Name  
**ITS HOLDINGS, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>444 BRICKELL AVENUE<br/>SUITE 650<br/>MIAMI FL 33131<br/>US</b> | Mailing Address<br><b>444 BRICKELL AVENUE<br/>SUITE 650<br/>MIAMI FL 33131</b> |
|---|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>2801 PONCE DE LEON BLVD.<br/>Suite, Apt. #, etc.<br/>SUITE 650<br/>City &amp; State<br/>CORAL GABLES, FL.<br/>Zip<br/>33134<br/>Country<br/>USA</b> | 3. Mailing Address<br><b>2801 PONCE DE LEON BLVD.<br/>Suite, Apt. #, etc.<br/>SUITE 650<br/>City &amp; State<br/>CORAL GABLES, FL<br/>Zip<br/>33134<br/>Country<br/>USA</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0503619</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**CEBALLOS-WEINTRAUB, CLAIRE  
 444 BRICKELL AVENUE  
 SUITE 650  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name: **JAMES L. WEINTRAUB**  
 Street Address (P.O. Box Number is Not Acceptable): **2801 PONCE DE LEON BLVD.  
SUITE 650**  
 City: **CORAL GABLES** FL Zip Code: **33134**

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: **James L. Weintraub**  
**JAMES L. WEINTRAUB, R.A.** DATE: **4-16-01**  
Signature, typed or printed name of registered agent and title if 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, 2001 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<br>PD                | CEBALLOS-WEINTRAUB, CLAIRE<br>444 BRICKELL AVENUE SUITE 650<br>MIAMI FL 33131 | <input type="checkbox"/> Delete                       |   |
| TITLE<br>STD               | LEWIS, ROBERT<br>444 BRICKELL AVENUE SUITE 650<br>MIAMI FL 33131              | <input type="checkbox"/> Delete                       |   |
| TITLE<br>D                 | ELLIS, MARSHALL<br>444 BRICKELL AVENUE SUITE 650<br>MIAMI FL 33131            | <input type="checkbox"/> Delete                       |   |
| TITLE<br>CEO               | WEINTRAUB, ALBERT<br>444 BRICKELL AVENUE SUITE 650<br>MIAMI FL 33131          | <input checked="" type="checkbox"/> Delete            |   |
| TITLE<br>D                 | FERRE, MAURICE<br>444 BRICKELL AVENUE SUITE 650<br>MIAMI FL 33131             | <input checked="" type="checkbox"/> Delete            |   |
| TITLE<br>NAME              |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|               |  |                                 |                                   |
|---------------|--|---------------------------------|-----------------------------------|
| TITLE<br>NAME |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE<br>NAME |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE<br>NAME |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE<br>NAME |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE<br>NAME |  | <input type="checkbox"/> Change | <input type="checkbox"/> 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: **CLAIRE WEINTRAUB-CEBALLOS PD** DATE: **4-16-01** DAYTIME PHONE #: **305-490-7400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR 01

CR2E034 (10/00)