

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086859

1. Entity Name

SOUTH FLORIDA INSTITUTE OF TECHNOLOGY INC.

Principal Place of Business

Mailing Address

2141 SW 1ST ST.
#104
MIAMI FL 33135

2141 SW 1ST ST.
#104
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCER, SILVIO
2141 SW 1ST ST.
MIAMI FL 33175

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, 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

TITLE **P** ☐ Delete
NAME **CORDOBA, RAFAEL**
STREET ADDRESS **5461 SW 144TH AVE.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VPS** ☐ Delete
NAME **INCER, SILVIO**
STREET ADDRESS **3610 SW 125 COURT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ Delete
NAME **INCER, SILVIO**
STREET ADDRESS **11431 S.W. 7TH TERRACE #104**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SILVIO INCER**
STREET ADDRESS **12840 SW 43 DRIVE #276-B**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **S** ☐ Change ☒ Addition
NAME **IRMA KELLEY**
STREET ADDRESS **2141 SW 1ST STREET #104**
CITY-ST-ZIP **MIAMI FL 33135**

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

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

TITLE ☐ Change ☐ Addition
NAME
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90002 005 ***158.75

002000



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0787543**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CR2E034 (10/00)

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