

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077090

1. Entity Name

PITINVEST MGMT. CORPORATION

Principal Place of Business  
520 BRICKELL KEY DR. STE 0-305  
MIAMI FL 33131

Mailing Address  
520 BRICKELL KEY DR. STE 0-305  
MIAMI FL 33131

2. Principal Place of Business  
801 BRICKELL AVENUE

3. Mailing Address  
801 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1420

1420

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip Country  
33131 USA

Zip Country  
33131 USA

4. FEI Number 65-0862939

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, STEPHEN A  
520 BRICKELL KEY DR, STE 0-305  
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
DP FERREIRA DA SILVA, EDSON  
STREET ADDRESS  
520 BRICKELL KEY DR, STE 0-305  
CITY-ST-ZIP  
MIAMI FL 33131 ☐ Delete

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

TITLE NAME  
D SILVA, CASSIA MAPE  
STREET ADDRESS  
520 BRICKELL KEY DR STE 0-305  
CITY-ST-ZIP  
MIAMI FL 33131 ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90096 020 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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