

# 2002-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90176 001 \*\*\*550.00

**DOCUMENT # F01000003818**

1. Entity Name  
**STTAS CANADA CORP.**

Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126	Mailing Address 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number  Applied For  
 Not Applicable

Zip      Country      Zip      Country      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**

**ROSENBERG, LEONARD L ESQ.**  
**5200 BLUE LAGOON DRIVE**  
**SUITE 600**  
**MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSENBERG, LEONARD L</b> <b>5200 BLUE LAGOON DRIVE</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRAVIS, THOMAS G</b> <b>5200 BLUE LAGOON DRIVE</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDLER, GILBERT LEE</b> <b>5200 BLUE LAGOON DRIVE</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** SIGNATURE REQUIRED      Date 9/19/02      Daytime Phone # (305) 267-4200

CR2E034 (4/02)



*Attachments*  
**SANDLER & TRAVIS TRADE ADVISORY SERVICES, INC.**

MIAMI OFFICE:  
5200 BLUE LAGOON DRIVE • MIAMI, FLORIDA 33126  
(305) 267-9200 • FAX (305) 267-5155  
INTERNET: www.strtrade.com

*678350*

*# FO 1000003818*

September 19, 2002

Registration Sections  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Uniform Business Report STAS Canada

Dear Sir or Madam:

We would very much appreciate your waiving the late fee on the enclosed report. The report was somehow misplaced internally and did not reach the accounting department for payment until today.

Thank you for your courtesy.

Sincerely,

Tammy Romano  
Assistant Controller

AFFILIATED OFFICES

WASHINGTON, D.C. OFFICE  
1300 PENNSYLVANIA AVENUE, N.W.  
WASHINGTON, D.C. 20004  
(202) 216-9307  
FAX (202) 842-2247

DETROIT OFFICE  
38345 TEN MILE ROAD  
FARMINGTON HILLS, MICHIGAN 48335  
(248) 474-7200  
FAX (248) 474-7200

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1100 S.W. SIXTH AVENUE  
PORTLAND, OREGON 97204  
(503) 517-3440

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OTTAWA, ONTARIO K1P 6L1  
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