

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003795

1. Entity Name

SIRTI LIMITED CORP.

Principal Place of Business

Mailing Address

5907-C HAMPTON OAKS PKWY.  
TAMPA FL 33610  
US

5907-C HAMPTON OAKS PKWY.  
TAMPA FL 33610-9581  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET #2  
TALLAHASSEE FL 32301

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	D	<input checked="" type="checkbox"/> Delete
NAME	DEMARON, GIUSEPPE	
STREET ADDRESS	VIA L DA VINCI 311	
CITY-ST-ZIP	VIGNATE 20060 MILANO IT TN2 -5QL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASTI, EMILIO	
STREET ADDRESS	VIA E CICCOTTI N8	
CITY-ST-ZIP	MILAN 20161 ITALY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALEZ, ARIS	
STREET ADDRESS	VIA A SISMONDA N1013	
CITY-ST-ZIP	TORINO 10145 ITALY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDICI, RINO	
STREET ADDRESS	VIA A RAMMAZZOTTI NO 6	
CITY-ST-ZIP	BARONNO MILAN 21047 ITALY	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUSEC LIMITED	
STREET ADDRESS	35 BASINGHALL STREET	
CITY-ST-ZIP	LONDON EC2V 5DB, ENGLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMELLINI, GABRIELE	
STREET ADDRESS	VIA G MAZZINI 40	
CITY-ST-ZIP	VOGHERA 27058 PAVIA, ITALY	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIUVANI, FRANCO	
STREET ADDRESS	VIA F BARACCA NO 18	
CITY-ST-ZIP	CORSICO 20094 MILANO, ITALY	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIOTINI, PAOLO	
STREET ADDRESS	VIA P GIANONE NO 6	
CITY-ST-ZIP	MILANO 20154 MILANO, ITALY	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONOINELLA, BRUNO	
STREET ADDRESS	VIA G SANTAIROCE NO 7	
CITY-ST-ZIP	NAPOLI 80149 NAPOLI, ITALY	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTI, MASSIMO	
STREET ADDRESS	2400 FEATHER SOUND DR 4827	
CITY-ST-ZIP	CLEARWATER, FL 33762-3093	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Massimo Santi*  
DIRECTOR OF US Operations 4/26/00 (813) 623-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)