

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90467 029 \*\*\*150.00

**DOCUMENT # F95000003795**

1. Entity Name  
**SIRTI LIMITED CORP.**

Principal Place of Business 5907-C HAMPTON OAKS PKWY. TAMPA FL 33610 US	Mailing Address 5907-C HAMPTON OAKS PKWY. TAMPA FL 33610 US
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**00050172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3001 Executive Drive</i> Suite, Apt. #, etc. <i>Suite 250</i> City & State <i>Clearwater, FL</i> Zip <i>33762</i> Country <i>PINELLAS</i>	3. Mailing Address <i>3001 Executive Drive</i> Suite, Apt. #, etc. <i>Suite 250</i> City & State <i>Clearwater, FL</i> Zip <i>33762</i> Country <i>PINELLAS</i>
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4. FEI Number <b>NOT APPLICABLE</b> <i>59-3331000</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**NATIONAL CORPORATE RESEARCH, LTD.**  
 1406 HAYS STREET #2  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GABRIELE, ARMELLINI</b> <b>VIA G MAZZINI 40 VOGHERA</b> <b>PAVIA, ITALY 27058</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIOVANI, FRANCO</b> <b>VIA F BARACCA #18 CORSICO</b> <b>MILANO, ITALY 20094</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRIGIDINI, PAOLO</b> <b>VIA P GIANNONE #6 MILANO</b> <b>MILANO, ITALY 20154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEDICI, RINO</b> <b>VIA A RAMMAZZOTTI NO 6</b> <b>BARONNO MILAN 21047 ITALY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TRUSEC LIMITED</b> <b>35 BASINGHALL STREET</b> <b>LONDON EC2V 5DB, ENGLAND</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RONDINELLA, BRUNO</b> <b>VIA G SANTA CROCE #7</b> <b>NAPOLI, ITALY 80129</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PAVIA, ITALY 27058</i>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SARONNO, Milan, Italy 21047</i>
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"/> 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: Umberto Rossi Umberto Rossi 4/27/01 (727) 812-4623  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)