

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90046 046 ***150.00

DOCUMENT # F99000000270
 1. Entity Name
INFORMATION TECHNOLOGY ADVISORS AND CONSULTANTS,

Principal Place of Business 6480 ROCKSIDE WOODS BLVD., SOUTH #330 CLEVELAND OH 44131	Mailing Address 6480 ROCKSIDE WOODS BLVD., SOUTH #330 CLEVELAND OH 44131-2222
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612055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 S. BISCAYBE BLVD Suite, Apt. #, etc. STE 1700 City & State MIAMI, FL	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. City & State
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4. FEI Number 34-1880216	Applied For <input type="checkbox"/>	Not Applied For <input type="checkbox"/>
5. Certificate of Status Desired 33131	Country USA	Zip 33131
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City & State MIAMI, FL	City & State
Zip 33131	Country USA

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 _____
 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 Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, KEITH W 6480 ROCKSIDE WOODS BLVD., SOUTH #330 CLEVELAND OH 44131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTIGLIANO, BARBARA A 6480 ROCKSIDE WOODS BLVD., SOUTH #330 CLEVELAND OH 44131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADFORD, JOCELYN A 6480 ROCKSIDE WOODS BLVD., SOUTH #330 CLEVELAND OH 44131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VICE PRESIDENT FRED M. WINKLER 6480 ROCKSIDE WOODS BLVD. S., STE 330 INDEPENDENCE, OH 44131 <input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL DESAITO 200 S. BISCAYBE BLVD., STE 1700 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Desaito* MICHAEL DESAITO **1-31-00** (305)377-8111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #