

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022579

1. Entity Name
SIT A INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90327 013 ***158.75

Principal Place of Business

Mailing Address

2601 S. BISCAYNE DR., STE. 1250
MIAMI FL 33133

2601 S. BISCAYNE DR., STE. 1250
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

2600 Douglas Road

347 Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 905

City & State

City & State

Coral Gables, FL

Miami Beach, FL

Zip
33134

Country
USA

Zip
33139

Country
USA

4. FEI Number

65-0997346

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, ROBERT A.P.A.
2601 S. BISCAYNE DR., STE. 1250
MIAMI FL 33133

Name Wanda Pistella, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3001 Ponce de Leon Blvd.
Suite 262
City Coral Gables FL Zip Code 33134

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 Wanda Pistella, Wanda Pistella
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/25/01
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 D
NAME FREEMAN, ROBERT A
STREET ADDRESS 2601 S. BISCAYNE DR., STE. 1250
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE P/D/S
NAME Fernando Canale
STREET ADDRESS 347 Washington Avenue
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP/D
NAME Roberto A.F. Roberts
STREET ADDRESS 2600 Douglas Road, Suite 905
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Fernando Canale

Date

Daytime Phone #

1/26/01 305-532-0570

0517979

CR2E034 (10/00)