

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031584

1. Entity Name

SITAMINI, INC.

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90103 001 \*\*\*750.00

Principal Place of Business

Mailing Address

17701 BISCAYNE BOULEVARD  
THIRD FLOOR  
AVENTURA, FL 33160

17701 BISCAYNE BLVD.  
THIRD FLOOR  
AVENTURA, FL 33160

68401

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

Applied For

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

Nemson & Wolis, P.A.  
18999 BISCAYNE BOULEVARD  
NORTH MIAMI BEACH, FL 33180

Name

Arie Kachler

Street Address (P.O. Box Number is Not Acceptable)

17701 BISCAYNE BLVD., Third Floor

City

AVENTURA

FL

Zip Code

33160

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

Arie Kachler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/01

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 P & D  
NAME POSPISCHER, GUSTAVO  
STREET ADDRESS 17701 BISCAYNE BLVD., 3<sup>RD</sup> FLOOR  
CITY-ST-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE P & D  
NAME POSPISCHER, GUSTAVO  
STREET ADDRESS 17701 BISCAYNE BLVD., 3<sup>RD</sup> FLOOR  
CITY-ST-ZIP AVENTURA, FL 33160 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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 or without other like empowered.

SIGNATURE:

GUSTAVO POSPISCHER

4/11/01

305-931-7270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)