

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000031584**1. Entity Name  
**SITANIUM, INC**

FILED

02 DEC 12 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**17701 BISCAYNE BOULEVARD  
THIRD FLOOR  
AVENTURA FL 33160**Mailing Address  
**17701 BISCAYNE BOULEVARD  
THIRD FLOOR  
AVENTURA FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

**KACHLER, ARIE  
17701 BISCAYNE BLVD.  
THIRD FLOOR  
AVENTURA FL 33160**

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 reinstalling)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD POSPISCHEL, GUSTAVO 17701 BISCAYNE BLVD. 3RD FLOOR AVENTURA FL 33160	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<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)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02 305 9317270

Date

Daytime Phone #

CR2E034 (9/01)

JF 12/13

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **22-3867345**  
OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

**SITANUM, INC.**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

**17701 BISCAYNE BLVD. 3RD FLOOR**

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

**ADVENTURA, FL 33160**

5b City, state, and ZIP code

6 County and state where principal business is located

**MIAMI-DADE COUNTY, FLORIDA**

7a Name of principal officer, general partner, grantor, owner, or trustor

**GUSTAVO POSPISCHAL**

7b SSN, ITIN, or EIN

**593-61-3754**

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ **1120**

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

**FLORIDA**

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶

**WEBSITE DEVELOPMENT**

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

**MARCH 28, 2000**

11 Closing month of accounting year

**DECEMBER**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **UNKNOWN**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural

Household

Other

**0**

**0**

**0**

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☒ Other (specify) **TECHNICAL SERVICES**

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

**WEBSITE DEVELOPMENT AND MAINTENANCE**

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third  
Party  
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

**ALAN N. FINKELSTEIN, C.P.A.**

Designee's telephone number (include area code)

**(305) 279-4400**

Address and ZIP code

**10651 SW 88TH ST, SUITE 207 MIAMI, FL 33176**

Designee's fax number (include area code)

**(305) 279-0380**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

**GUSTAVO POSPISCHAL**

Applicant's telephone number (include area code)

**(305) 931-7270**

Signature ▶

Date ▶ **8/28/2002**

Applicant's fax number (include area code)

**(305) 931-1566**



17701 Biscayne Blvd. 3rd Floor, Aventura, Florida 33160  
Tel: 305.931.7270 Fax: 305.931.1566  
www.sitanium.com

December 3, 2002

Florida Department of State  
C/O Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Sitanium, Inc. (Document #P00000031584)

Dear Department of State,

Our company recently learned that our corporate status was Involuntarily dissolved by the State of Florida. In checking our records, we had previously received and responded to certain correspondence from your department requesting our FEI number. The letter from the Department was dated 2/20/02 and we responded shortly thereafter with such proof. I have included with this letter the following documents for your review and consideration: (1) copy of cancelled check in the amount of \$150.00; (2) copy of UBR for Sitanium, Inc. and (3) copy of EIN application with number.

As a result, our company respectfully requests that the Department review the information provided herein as we would greatly appreciate if our corporate status can be reinstated with the State of Florida. Thank you very much for your attention to our request and if you have any questions or comments, please feel free to contact us at your convenience.

Sincerely,

  
Gustavo Pospischel  
President