

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066736

1. Entity Name  
**SIRTI, INC.**

Principal Place of Business  
**5909-K HAMPTON OAKS PKWY  
TAMPA FL 33610**

Mailing Address  
**5909-K HAMPTON OAKS PKWY  
TAMPA FL 33610**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
05-14-2001 90050 021 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3001 Executive Drive**  
Suite, Apt. #, etc.  
**Suite 250**  
City & State  
**Clearwater, FL**

3. Mailing Address  
**3001 Executive Drive**  
Suite, Apt. #, etc.  
**Suite 250**  
City & State  
**Clearwater, FL**

Zip  
**33762** Country  
**Pinellas**

Zip  
**33762** Country  
**Pinellas**

4. FEI Number  
**59-3659915** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

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>SANTI, MASSIMO</b> <b>2400 FEATHER SOUND DR, APT. 827</b> <b>CLEARWATER FL 33762</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIOVANI, FRANCO</b> <b>VIA F BARACCA NO. 18, CORSICO 20094</b> <b>MILANO, ITALY</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RONDINELLA, BRUNO</b> <b>VIA G SANTACROCE NO. 7, NAPOLI 80129</b> <b>NAPOLI, ITALY</b>	<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	<b>D</b> <b>ROSSI, UMBERTO</b> <b>12800 VONN RD, Apt 48453</b> <b>LARGO, FL 33774</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOALOI, Ambrogio</b> <b>VIA Clerici, 168</b> <b>MARCALLO CON CASONE 20010 (Milano)</b>	<input type="checkbox"/> Change <input checked="" 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 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)

0518478