

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069903

1. Entity Name

FLORIDA SITES SPECIALISTS, CORP.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90128 031 ***150.00

Principal Place of Business

250 BIRD ROAD
SUITE 200
CORAL GABLES FL 33146

Mailing Address

250 BIRD ROAD
SUITE 200
CORAL GABLES FL 33146

00047519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15550 SW 112 DR.

Suite, Apt. #, etc.

N/A

3. Mailing Address

15550 SW 112 DRIVE

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1025731

Applied For

Not Applicable

Zip

33196

Country

U.S.A.

Zip

33196

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARI, MANUEL J ESQ.
250 BIRD ROAD
SUITE 200
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

ANGEL C. CLEMENTE

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

15550 SW 112 DRIVE

City

MIAMI

FL

Zip

33196

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

4/24/2001

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 PD
NAME MARI, MANUEL
STREET ADDRESS 250 BIRD ROAD, #200
CITY-ST-ZIP CORAL GABLES FL 33146

☒ Delete

TITLE PD
NAME A.C. CLEMENTE
STREET ADDRESS 15550 SW 112 DRIVE
CITY-ST-ZIP MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4/24/01 305-219-9044

CR2E034 (10/00)

0194697