

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90010 018 \*\*\*550.00

00058733

DO NOT WRITE IN THIS SPACE

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000092104

1. Entity Name

S & T Manufactory & Supplies Corp. ✓

Principal Place of Business

13360 SW 2nd St.  
Miami FL 33184

Mailing Address

13360 SW 2nd St.  
Miami FL 33184

2. Principal Place of Business

8017 NW 199 Terr.

3. Mailing Address

8017 NW 199 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1043016

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JUAN C. Sampietro  
13360 SW 2nd Street  
Miami FL 33184

7. Name and Address of New Registered Agent

Name

Omar G. Sampietro

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

8017 NW 199 Terr.

City

Miami

FL

Zip Code

33015

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)

Omar G. Sampietro

7-13-01

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-4, 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	<input type="checkbox"/> Delete
NAME	JUAN C. Sampietro	
STREET ADDRESS	13360 SW 2nd Street	
CITY-STATE-ZIP	Miami FL 33184	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARIA TORRES	
STREET ADDRESS	13360 SW 2nd St.	
CITY-STATE-ZIP	Miami FL 33184	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANTONIO ALBERNAS	
STREET ADDRESS	13360 SW 2nd St.	
CITY-STATE-ZIP	Miami FL 33184	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSARIO VALERE	
STREET ADDRESS	13360 SW 2nd Street	
CITY-STATE-ZIP	Miami FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN C. Sampietro	
STREET ADDRESS	8017 NW 199 Terr.	
CITY-STATE-ZIP	Miami FL 33015	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Omar G. Sampietro	
STREET ADDRESS	8017 NW 199 Terr.	
CITY-STATE-ZIP	Miami FL 33015	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSARIO VALER	
STREET ADDRESS	8017 NW 199 Terr.	
CITY-STATE-ZIP	Miami FL 33015	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSARIO VALER	
STREET ADDRESS	8017 NW 199 Terr.	
CITY-STATE-ZIP	Miami FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

7-13-01

786-501-0039

Date

Daytime Phone #

CR2E034 (9/99)

Attachment

#P00000092104

D0058733

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**S & T Manufactory & Supplies Corp.  
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



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REGISTERED AGENT