

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90995 016 \*\*\*150.00

**DOCUMENT #** P00000101496(-1)

1. Entity Name

STI INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

227 LAKEVIEW DRIVE  
 CORAL SPRINGS, FL  
 33071

SAME

0003268

2. Principal Place of Business  
 SAME

3. Mailing Address  
 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1050763

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name  
 NESTOR ALFONSO CELIS

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

City  
 CORAL SPRINGS,

FL

Zip Code  
 33071

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

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 PRESIDENT ☐ Delete  
 STREET ADDRESS NESTOR ALFONSO CELIS  
 CITY - ST - ZIP 227 LAKEVIEW DRIVE  
 CORAL SPRINGS, FL 33071

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Date

Daytime Phone #