

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91519 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000101496

1. Entity Name
STI INTERNATIONAL, INC.



Principal Place of Business
**227 LAKEVIEW DR
CORAL SPRINGS, FL 33071 US**

Mailing Address
**227 LAKEVIEW DR
CORAL SPRINGS, FL 33071 US**

2. Principal Place of Business

14100 Palmetto Frontage Road

3. Mailing Address

14100 Palmetto Frontage Road

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33016

Country
USA

Zip
33016

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1050783

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CELIS, NESTOR ALFONSO
227 LAKEVIEW DR
POMPANO BEACH, FL 33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CELIS, NESTOR ALFONSO**
STREET ADDRESS **227 LAKEVIEW DR**
CITY-ST-ZIP **POMPANO BEACH, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **Celis, Nestor Alfonso**
STREET ADDRESS **3831 SW 160 Ave, Apt 107**
CITY-ST-ZIP **Miami, FL, 33027**

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

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

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

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

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

12. 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 10 or Block 11 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 #