

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

PENDING
01-26-2004 90021 036 ***150.00
FILED P02000021588

04 FEB 23 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000021588

1. Entity Name

S+I ASSOCIATES, INC.
S+I ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI FLORIDA

Suite, Apt. #, etc.

Suite 803

3. Mailing Address

3300 NE 191st

Suite, Apt. #, etc.

Suite 803

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33180

Country

U.S.

Zip

33180

Country

U.S.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

03-04

4. FEI Number

743027075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Dweck

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

3300 N.E. 191st St. Suite 803

700029315447

City

MIAMI

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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

Robert Dweck

Robert Dweck

1/24/04

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

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$650.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Robert Dweck
STREET ADDRESS	3300 N.E. 191st St. Suite 803
CITY- ST- ZIP	MIAMI FLORIDA 33180
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Dweck

Robert Dweck

1/24/04

561-833-9893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)