

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90040 014 ***163.75

DOCUMENT # P02000021588

1. Entity Name

S+I ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18181 N.E. 31st Ct.

3. Mailing Address

18181 N.E. 31st Ct.

Suite, Apt. #, etc.

Apt. 1205

Suite, Apt. #, etc.

Apt. 1205

City & State

Aventura

City & State

FLORIDA

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

74-3027015

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

50032137

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IN THIS SPACE**

7. Name and Address of Current 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
Robert Dzwack
18181 N.E. 31st Ct 1205
Aventura FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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 Dzwack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-05

Date

561-833-9893

Daytime Phone #

CR2E034B (12/02)