


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90114 023 ***150.00

DOCUMENT # P02000088234

1. Entity Name
SOUTH FLORIDA INTERNATIONAL TENNIS ACADEMY, INC.



Principal Place of Business Mailing Address

**6900 BAY DRIVE, PH-D
 MIAMI BEACH FL 33141** **6900 BAY DRIVE, PH-D
 MIAMI BEACH FL 33141**

2. Principal Place of Business 3. Mailing Address

6900 BAY DRIVE **6900 BAY DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

PH-D. **PH-D**


City & State City & State

MIAMI BCH. FL **MIAMI BCH. FL.**

Zip Country Zip Country

33141 **U.S.A.** **33141** **U.S.A.**

44047028



MOORE CR2E034 (4/04)

4. FEI Number: **03-0544565** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTON, JOHN O
2655 LEFEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: _____

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

City: _____ State: **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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MELANELY, MICHAEL J	
STREET ADDRESS	6900 BAY DRIVE, PH-D	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL TYAGI	
STREET ADDRESS	1470 NE 123rd St # 708	
CITY-ST-ZIP	N.M. FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date: **5/4/04** Daytime Phone #: **305 919 0839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment

44047028

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 11, 2004

SOUTH FLORIDA INTERNATIONAL TENNIS ACADEMY, INC.
6900 BAY DRIVE, PH-D
MIAMI BEACH, FL 33141

SUBJECT: SOUTH FLORIDA INTERNATIONAL TENNIS ACADEMY, INC.
Ref. Number: P02000088234

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the uniform business report/annual report or reinstatement application or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 904A00039596