

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90005 032 \*\*\*150.00

**DOCUMENT # P93000048903**

1. Entity Name

**THE SOUTH TECH GROUP ARCHITECTURAL DESIGN CO.**

Principal Place of Business

1627 BRICKELL AVE  
 401  
 MIAMI FL 33129  
 US

Mailing Address

1627 BRICKELL AVE  
 401  
 MIAMI FL 33129  
 US

2. Principal Place of Business

**240 CRANDON BLVD**

Suite, Apt. #, etc.

**232**

City & State

**KEY BISCAYNE-FL**

Zip

**33149**

Country

**U.S.A.**

3. Mailing Address

**240 CRANDON BLVD**

Suite, Apt. #, etc.

**232**

City & State

**KEY BISCAYNE-FL**

Zip

**33149**

Country

**U.S.A.**

4. FEI Number

**65-0445797**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**POZO, ZAEDY R  
 2655 LEJEUNE RD  
 PENTHOUSE 10  
 CORAL GABLES FL 33134**

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.

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 STREET ADDRESS CITY-ST-ZIP	<b>D BIBOLINI, GIORGIO 1627 BRICKELL AVE., #401 MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BIBOLINI, GIORGIO 240 CRANDON BLVD (SUITE 232) KEY BISCAYNE FL 33149</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**G. BIBOLINI PRESIDENT 2/1/01 305 365 7278**

CR2E034 (10/00)