## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **P94000049760** 1. Entity Name ITS HOLDINGS, INC. Principal Place of Business Mailing Address

## FILED May 12, 2001 8:00 am Secretary of State 05-12-2001 90012 021 \*\*\*150.00

444 BRICKELL SUITE 650 MIAMI FL 3313 US	I	444 BRICKELL AVENUE SUITE 650 MIAMI FL 33131			######################################	N/H <b>8</b> 4/1 188/
		3. Mailing Address  2801 PONCE D  Suite, Apt. #, etc.  SUITE 650	DE LEON BL		E IN THIS SPACE	,illi
City & State CABLES, FL.		City & State CORAL GABLES, FL		4. FEI Number 65-0503619	9 Applied For Not Applicable	
33134	Country USA	Zip	Country USA-	5. Certificate of Status Desired	S8.75 Ad Fee Require	
444 SUIT	6. Name and Address of Current F ALLOS-WEINTRAUB , CLAIRE BRICKELL AVENUE E 650 II FL 33131	legistered Agent	7. Name and Address of New RIMES L. WEINT  (P.O. Box Number is Not Acceptable  PONCE DE LEON  5. 650  C. 6ABCEJ	KAVB	1e 2(/	
8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE THUES L. WEINTRAUS R.A.  Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Tax filing requirement and elects to do so. After MAY 1, 2			FEE IS \$150.00 1 Fee will be \$550.00 e to Department of Sta		n. 🗆 Added	00 May Be d to Fees
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEBALLOS-WEINTRAUB, CLAIRE 444 BRICKELL AVENUE SUITE 6 MIAMI FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5</b>	☐ Change	Addition 0/01/01/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, ROBERT 444 BRICKELL AVENUE SUITE 6 MIAMI FL 33131	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition \ 2
NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, MARSHALL 444 BRICKELL AVENUE SUITE 6 MIAMI FL 33131	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	No Transference	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WEINTRAUB, ALBERT 444 BRICKELL AVENUE SUITE 6 MIAMI FL 33131	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRE, MAURICE 444 BRICKELL AVENUE SUITE 69 MIAMI FL 33131	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
indicated of the corp	ertify that the information supplied with to on this report or supplemental report is to or this report or supplemental report is to or or an absolute with an address with a supplement with an address with a supplement with a supplement or or an absolute with a supplement with a supplement or or an absolute with a supplement with a supplement or or an absolute with a supplemental wit	rue and accurate and that my rered to execute this report as	signature shall have the	same legal effect as if made under o	ath; that I am an officer	or director