

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076734

1. Entity Name

S.I.T. ENTERPRISES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90488 028 ***150.00

Principal Place of Business

4705 SW 90 AVE.
 MIAMI FL 33165
 US

Mailing Address

4705 SW 90 AVE.
 MIAMI FL 33165-5960

2. Principal Place of Business

834 SW 10th Dr.
 Suite, Apt. #, etc.
 # 211

3. Mailing Address

834 SW 10th Dr.
 Suite, Apt. #, etc.
 # 211

City & State

Pompano Beach

City & State

Pompano Beach, FL

Zip

Country

USA

Zip

33060

Country

USA

4. FEI Number

65-0527584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIANG, ANGEL
 4705 S.W. 90TH AVENUE
 MIAMI FL 33165

Name

Liang, Angel

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

834 SW 10th Dr. # 211

City

Pompano Beach

FL

Zip Code

33060

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

Angel Liang Angel Liang

4/20/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD ☒ Delete
 NAME ENG, ANGEL L
 STREET ADDRESS 4705 S.W. 90TH AVENUE
 CITY-ST-ZIP MIAMI FL 33165

TITLE PVD ☒ Change ☐ Addition
 NAME Eng, Angel L
 STREET ADDRESS 834 SW 10th Dr. #211, Pompano Beach, FL 33060
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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:

Angel Liang Angel Liang

4/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)