

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031958

1. Entity Name  
STARGATE INTERNATIONAL, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90125 036 \*\*\*158.75

Principal Place of Business

Mailing Address

8310 NW 56TH ST.  
MIAMI FL 33166  
US

8310 NW 56TH ST.  
MIAMI FL 33166  
US

2. Principal Place of Business

13190 Keystone Ter.

Suite, Apt. #, etc.

3. Mailing Address

13190 Keystone Ter.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI, FL

City & State

N. MIAMI, FL

4. FEI Number 65-0658308

Applied For

Not Applicable

Zip

33181

Country

U.S.A.

Zip

33181

Country

U.S.A.

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

GIANNINI, AUGUSTO  
5621 NW 105 CT  
MIAMI FL 33178

Name GIANNINI, AUGUSTO

Street Address (P.O. Box Number is Not Acceptable)  
13190 Keystone Ter.

City N. MIAMI

FL

Zip Code 33181

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.

AUGUSTO GIANNINI President 1/22/01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GIANNINI, AUGUSTO  
STREET ADDRESS 5621 NW 105 CT  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE P  
NAME GIANNINI, AUGUSTO  
STREET ADDRESS 13190 Keystone Ter.  
CITY-ST-ZIP N. MIAMI, FL 33181 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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

AUGUSTO GIANNINI 01/22/01 (305)8932846

Date

Daytime Phone #

CR2E034 (10/00)