2001 UNIFORM BUSINESS REPORT (UBR)

1091

FILED
02 AUG -6 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062358

1. Entity Name

SIATPO, CORP.

Principal Place of Business	Mailing Address
5101 N.W. 79TH. AVENUE MIAMI, FL. 33166 US	5101 N.W. 79TH. AVENUE MIAMI, FL. 33166 US

900007117979--1
-08/14/02--01072--026
****158.75 ****158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30-0095999. [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [XX] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONVECCHIO, ALAIN M. 5101 N.W. 79TH. AVENUE MIAMI, Fl. 33166	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	BONVECCHIO, ALAIN M 5101 N.W. 79th AVENUE MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900007117979--1 -08/14/02--01072--027 ****150.00 ****150.00
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	BONVECCHIO C., ALAIN ☐ Delete 5101 N.W. 79th AVENUE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TS NAME STREET ADDRESS CITY-ST-ZIP	BONVECCHIO C. ADOLFO H ☐ Delete 5101 N.W. 79th AVENUE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	BONVECCHIO C., ARIANNE B ☐ Delete 5101 N.W. 79th AVENUE MIAMI, FL 33166	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 NAME STREET ADDRESS 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: _____ 4-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Dear Mr. Tyson:

Per our conversation, please accept our payment without penalty. We had sent you the payment on time, but your office rejected it since it didn't have the ~~ID #~~

The ~~tax~~ ID # office gave us hard time and that's why it took so long to get it.

thank you for waiving the fee

Alain Borrecchio
President

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

RECEIVED
02 AUG -6 PM 2:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SIATPO, CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

[X] Walk in [X] Pick up time 2.00 [ ] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 30 AM 11:00
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED
02 JUL 24 AM 10:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEW FILINGS	
[ ]	Profit
[ ]	NonProfit
[ ]	Limited Liability
[ ]	Domestication
[ ]	Other

AMENDMENTS	
[ ]	Amendment
[ ]	Resignation of R.A., Officer/Director
[ ]	Change of Registered Agent
[ ]	Dissolution/Withdrawal
[ ]	Merger

OTHER FILINGS	
[X]	Annual Report
[ ]	Fictitious Name
[ ]	Name Reservation

REGISTRATION/ QUALIFICATION	
[ ]	Foreign
[ ]	Limited Partnership
[ ]	Reinstatement
[ ]	Trademark
[ ]	Other

Examiner's Initials	