

DOCUMENT # P96000070683

1. Entity Name

SITE DEVELOPMENT AND MANAGEMENT CORP.

Principal Place of Business

10750 S.W. 10TH PLACE  
DAVIE FL 33324

Mailing Address

10750 S.W. 10TH PLACE  
DAVIE FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DELFINO, ALEJANDRO  
10750 S.W. 10TH PLACE  
DAVIE FL 33324

Name

Street Address (If different from above)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

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 \$550.00.

After SEPTEMBER 13, 2000 Min. will be \$750.00

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
DELFINO, ALEJANDRO  
10750 S.W. 10TH PLACE  
DAVIE FL 33324

☐ Delete

TITLE

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TITLE

NAME

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 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, had 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

08-22-2000 90234 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>65-0695863</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DELFINO, ALEJANDRO</b> <b>10750 S.W. 10TH PLACE</b> <b>DAVIE FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>DELFINO, ALEJANDRO</b> <b>10750 S.W. 10TH PLACE</b> <b>DAVIE FL 33324</b>	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(l), 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: <u><b>SIGNATURE OF ALEJANDRO DELFINO</b></u> <u><b>8/13/2000</b></u> <u><b>(931) 426-6192</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/00)

Attachment  
Doc. # P96000070683  
A0073970

# Memorandum

To: **UNIFORM BUSINESS REPORT**  
Co: **FLORIDA DEPARTMENT OF STATE**  
From: **SITE DEVELOPMENT AND MANAGEMENT CORP.**  
**FEIN 65-0695863**  
10750 SW 10<sup>TH</sup> PLACE  
DAVIE, FL 33324

Date: 8/17/2000

Please be informed that I never received the 2000 UBR form that was supposed to have been filled out in January of this year, therefore I should not have to pay the delinquent fee.

I have attached the completed report along with the required check for \$150.00.

I apologize for the inconvenience!

Thank you!

  
Alejandro Delfino, President