

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090153

1. Entity Name

C.I.T., INC



APPROVED
AND
FILED

03 MAY -6 AM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3931 SW 47 Av

Suite, Apt. #, etc.

102

3. Mailing Address

3931 SW 47 Av

Suite, Apt. #, etc.

102

City & State

Davie FL 33314

City & State

Davie FL 33314

2002-2003 UBR

4. FEI Number

65-0872730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Rick Lewinger

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

6600 N. Andrews Ave

Suite 306

City

Ft Lauderdale

FL

Zip Code

33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent Signature required when certifying)

2/24/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR	TITLE	
NAME	STIGOL, EDUARDO M DIR	NAME	
STREET ADDRESS	3931 SW 47 AV	STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33314	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

900017191539

04/28/03-01069-004 **150.00

05/14/02 90206 016 \$150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4/8/03

X

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Exemption Provision 8