

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001962

1. Entity Name **STI GROUP, INC**

FILED

00 MAY 12 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**20283 SR 7 SUITE 300
BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FDL Number

Applied For

Zip

Country

Zip

Country

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

Armando Moradi

3635 Park Central Blvd., North
Pompano Beach, FL 33064

Name **C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

City **Plantation**

FL

Zip Code **33064**

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

Barbara A Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

3-31-00

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 ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/CEO** ☐ Delete
NAME **ARMANDO MORADI**
STREET ADDRESS **20283 SR 7 STE 300**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME **000003267230--5**
STREET ADDRESS **-05/25/00--01097--002**
CITY-ST-ZIP ******400.00 ****400.00**

TITLE **D/COO** ☐ Delete
NAME **ROBERT SKELNER**
STREET ADDRESS **20283 SR 7 STE 300**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME **000003267230--5**
STREET ADDRESS **-05/25/00--01097--003**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **D/CTO** ☐ Delete
NAME **WILLIAM E TESSARO**
STREET ADDRESS **20283 SR 7 STE 300**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Delete
NAME **WILLIAM REMONDI**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

Robert Skelner, D/CTO

31 MAR 00 561 84 2316
Date Daytime Phone #

SP

CR2E034 (9/99)