

2002 UNIFORM BUSINESS REPORT (UBR)

02/27/201
AV

DOCUMENT # P99000111626

1. Entity Name
ST. AUGUSTINE INTERNATIONAL, INC.

FILED

02 OCT 15 PM 12:35

Principal Place of Business
347 WASHINGTON AVENUE
MIAMI FL 33139

Mailing Address
347 WASHINGTON AVENUE
MIAMI FL 33139

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0971369

Applied For
Not Applicable

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

PISTELLA, WANDA PA
3001 PONCE DE LEON BLVD
STE 262
CORAL GABLES FL 33134

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 _____ (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, 2002 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 DP
NAME CANALE, FERNANDO
STREET ADDRESS 347 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS MIAMI BEACH
CITY-ST-ZIP

TITLE VP
NAME ROBERTS, ROBERTO
STREET ADDRESS 2600 DOUGLAS ROAD #905
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700008526197
CITY-ST-ZIP 10/22/02--01121--012 **550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED Fernando Canale 305 532-0570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)