2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # S01641

SISTECO INTERNATIONAL CORP.

Principal Plac	e of Business		Mailing Address									
0850 N.W. 27TH ST. Mami FL 33155 JS			10850 N.W. 27TH ST. Miami Fl 33155 US									
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2. Principal P	Place of Busine	ess	3. Mailing Address									
231 Altara Avenue			231 Altara Avenue					2	00 1 (10) H(0)	01031 01 0 11 01081 013	III BEBAL LUBI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
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City & State			City & State			4.	FEI Number	65-02223	70	I A	pplied For	
Coral Gables, FL			Coral Gables, FL			İ		00 02220		N	ot Applicable	
Zip		Country	Zip	Coun	itry	5 /	Certificate of 9	Status Desired		\$8.75 Ad	ditional	
33146_ USA		USA	33146 USA		1				Fee Required			
•	6. Name a	and Address of Current F	Registered Agent			7. N	Name and Ad	dress of New	Registere	d Agent	· ·· .	
					Name							
	un, Claudi		Street Address			Idress (P.O. P	s (P.O. Box Number is Not Acceptable)					
10850 N.W. 27TH ST.			231 AI			Altara	tara Avenue					
MIAN	/II FL 33155											
										1		
					Co	ral Gab	ിക്ക		F	Zip Cod 331.4		
8 The above	named entity	submits this statement for	the purpose of changing its	register				n the State of I	Florida	1.9.3.1.3	М	
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SIGNATURE _	Signature, typed o	r printed name of registered agent a	nd title if applicable. (NOTS	: Registere	d Agent signatur	re required when re	einstating)		DATI	E		
							T					
9. This corporation is eligible to satisfy its Intangible			FILE NOW!!! FEE IS \$150.00				10. Election	on Campaign F	Financing	\$5.0)0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				•	und Contribut	_		d to Fees	
(See criter	ria on back)			He to D	epartment						_	
11.	T	OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO O	FFICERS A	ND DIRECTOR		
TITLE	PD		☐ Delete	TITLI	 					X Change	☐ Addition	
NAME	ASBUN, C	Laudio I		NAM	E							
STREET ADDRESS 9040 SW 143RD PLACE				STRE	ET ADDRESS		ltara Av					
CITY-ST-ZIP	MIAMI FL	33186		CITY	-ST-ZIP	Coral	Gables,	FL 33	146			
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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 empoyer dots 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 a other true empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: 5

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition