

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90007 050 \*\*\*150.00

**DOCUMENT # S01641**

1. Entity Name

**SISTECO INTERNATIONAL CORP.**

Principal Place of Business

**10850 N.W. 27TH ST.  
MIAMI FL 33155  
US**

Mailing Address

**10850 N.W. 27TH ST.  
MIAMI FL 33155  
US**

2. Principal Place of Business

**231 Altara Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**231 Altara Avenue**

Suite, Apt. #, etc.

City &amp; State

**Coral Gables, FL**

Zip

**33146**

Country

**USA**

City &amp; State

**Coral Gables, FL**

Zip

**33146**

Country

**USA**

4. FEI Number

**65-0222370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****ASBUN, CLAUDIO I  
10850 N.W. 27TH ST.  
MIAMI FL 33155****7. Name and Address of New Registered Agent**

Name

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

**231 Altara Avenue**

City

**Coral Gables****FL**

Zip Code

**33146**

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

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, 2001 Fee will be \$500.00  
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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PD</b>			
	<b>ASBUN, CLAUDIO I</b>	<b>9040 SW 143RD PLACE</b>	<b>MIAMI FL 33186</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>231 Altara Avenue</b>	<b>Coral Gables, FL 33146</b>	

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 or without the empowered.

**SIGNATURE:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13/8/2001 1305-640-9691**  
Date Daytime Phone #

CR2E034 (10/00)