

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90001 021 \*\*\*150.00

**DOCUMENT # P00000075099**  
 1. Entity Name  
**S.I.G. INFORMATICA INC.**

Principal Place of Business 17768 SW 144 CT MIAMI FL 33177	Mailing Address 17768 SW 144 CT MIAMI FL 33177
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~~XXXXXXXXXX~~ 44976

2. Principal Place of Business 11150 SW 196 ST Suite, Apt. #, etc. D-304 City & State Miami, FL	3. Mailing Address 11150 SW 196 ST Suite, Apt. #, etc. D-304 City & State Miami, FL
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DO NOT WRITE IN THIS SPACE

Zip 33157	Country USA	Zip 33157	Country U.S.A.
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4. FEJ Number 65-1043369	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**SIZA, MARIA C**  
 17768 SW 144 CT  
 MIAMI FL 33177

7. Name and Address of New Registered Agent  
 Name **Carlos M. Carvajal**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17768 SW 144 CT**  
 City **Miami** FL Zip Code **33177**

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: DATE: **04/16/01**  
(NOTE: Registered Agent signature required when reinstating)

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 \$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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CARVAJAL, CARLOS M 17768 SW 144 CT MIAMI FL 33177</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT CARVAJAL, JORGE H 17768 SW 144 CT MIAMI FL 33177</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/00)

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: DATE: **04/16/01** 305 251 8668  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR