

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90109 037 ***163.75

DOCUMENT # P 98000074894

1. Entity Name

SIDOC USA

DO NOT WRITE IN THIS SPACE

B0056714

2. Principal Place of Business
10700 SW 116 AVE

State, Apt. #, etc.

3. Mailing Address
10700 SW 116 AVE

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. ULI Number
65-0869502

Applied For
Not Applicable

Zip
33176

Country
DADE

Zip
33176

Country
DADE

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gustavo Lopez

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

10700 SW 116 Ave

City MIAMI FL Zip Code 33176

6. I, the above named entity, warrants this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Gustavo Lopez

President

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$500.00
Amended UBR is \$61.25
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	PTD Gustavo A. Lopez 701 Brickell Key ph6 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Francisco J. Matallana Rhodes 10700 SW 116 Ave MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Juanita Lopez 701 Brickell Key Blvd, ph6 MIAMI, FL 33131
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) Florida Statutes. 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Gustavo Lopez GUSTAVO A LOPEZ President

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Printed

CR2E034B (12/01)