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 # P98000074894

1. Entity Name
SIDOC USA

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B0056714

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2. Principal Place of Business	3. Mailing Address
10700 SW 116 AVE Suite, Apt. #, etc.	10700 SW 116 AVE Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33176 County: Dade	Zip: 33176 County: DADE

4. FEI Number: 65-0869502 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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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. 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: Gustavo Adolfo Lopez President

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Office, Registered Agent, Officer or Director must sign) DATE

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 $550.00
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	PTD
NAME	Gustavo A. Lopez
STREET ADDRESS	701 Brickell Key ph6
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	Francisco J. Matallana Rhodes
STREET ADDRESS	10700 SW 116 Ave
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V
NAME	Juanita Lopez
STREET ADDRESS	701 Brickell Key Blvd, ph6
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gustavo Adolfo Lopez GUSTAVO A LOPEZ President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #