

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 242417

1. Entity Name

SIRGANY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

MIAMI INTERNATIONAL AIRPORT
P O BOX 59-2313
MIAMI FL 33159

MIAMI INTERNATIONAL AIRPORT
P O BOX 59-2313
MIAMI FL 33159-2313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0911481

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYAL, RAYMOND J.
6850 S.W. 99TH TERRACE
MIAMI FL 33156

Name KAYAL, RAYMOND J.

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

6910 N.W. 12TH STREET

City

MIAMI, FL 33126

FL

Zip Code

33126

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KAYAL, RAYMOND J.
STREET ADDRESS 6850 S.W. 99TH TERRACE
CITY-ST-ZIP MIAMI, FLORIDA 00000

TITLE PD ☐ Change ☐ Addition
NAME KAYAL, RAYMOND J
STREET ADDRESS 6850 S.W. 99TH TERRACE
CITY-ST-ZIP PINECREST, FL 33156

TITLE STD ☐ Delete
NAME KAYAL, LORAIN S.
STREET ADDRESS 6850 S.W. 99TH TERRACE
CITY-ST-ZIP MIAMI BEACH FL

TITLE STD ☐ Change ☐ Addition
NAME KAYAL, LORAIN S.
STREET ADDRESS 6850 S.W. 99TH TERRACE
CITY-ST-ZIP PINECREST, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90068 001 *1,050.00

0123



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)