

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 282450**

1. Entity Name

SINIVAD INCORPORATED**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90117 015 ***150.00

Principal Place of Business 4408 EL MAR DRIVE LAUDERDALE BY THE SEA FL 33308	Mailing Address 4408 EL MAR DRIVE LAUDERDALE BY THE SEA FL 33308-3606
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1054018**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NOVAK, PAUL
4416 EL MAR DRIVE
LAUDERDALE BY THE SEA FL 33308**

Name

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

City

FL

Zip Code

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	NOVAK, PAUL	191 SHERWOOD DR.							
		GLASTONBURY CT								
	D	NOVAK, BRUCE	191 SHERWOOD DR.							
		GLASTONBURY CT								
	STD	NOVAK, CAROL	191 SHERWOOD DR.							
		GLASTONBURY CT								
	D	NOVAK, BRIAN	191 SHERWOOD DR.							
		GLASTONBURY CT								
	D	NOVAK, JENNIFER	191 SHERWOOD DR.							
		GLASTONBURY CT								

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 #

860-549-4901