

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537776

1. Entity Name

SIGMAR CORPORATION

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90028 005 ***150.00

Principal Place of Business

Mailing Address

KEY COLONY #1 CONDOMINIUM, UNIT 730
201 CRANDON BLVD.
KEY BISCAYNE FL 33149

550 N.W. LE JEUNE ROAD
#305
MIAMI FL 33126-5671
US

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 59-1754333

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

EVANS, LESLIE R.
375 SOUTH COUNTRY ROAD, SUITE 218
PALM BEACH FL 33480

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 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 MARUSCHKE, SIEGFRIED
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE AT ☐ Delete

NAME MARUSCHKE, SIEGFRIED
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE VST ☐ Delete

NAME MARUSCHKE, MERCEDES
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE D ☐ Delete

NAME MARUSCHKE, MERCEDES
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE AS ☐ Delete

NAME MENDEZ, HORTENSIA (ASST)
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE AS ☐ Delete

NAME MENDEZ, MARTA
STREET ADDRESS AVENIDA J.P. DUARTE #13
CITY-ST-ZIP SANTIAGO DO

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 20/2000 (305) 443-3046
Date Daytime Phone #

CR2E034 (9/99)