

# 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 KEY COLONY #1 CONDOMINIUM, UNIT 730 201 CRANDON BLVD. KEY BISCAYNE FL 33149	Mailing Address 550 N.W. LE JEUNE ROAD #305 MIAMI FL 33126-5671 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-1754333</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSCHKE, SIEGFRIED AVENIDA J.P. DUARTE #13 SANTIAGO DO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MARSCHKE, SIEGFRIED AVENIDA J.P. DUARTE #13 SANTIAGO DO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MARSCHKE, MERCEDES AVENIDA J.P. DUARTE #13 SANTIAGO DO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSCHKE, MERCEDES AVENIDA J.P. DUARTE #13 SANTIAGO DO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MENDEZ, HORTENSIA (ASST) AVENIDA J.P. DUARTE #13 SANTIAGO DO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MENDEZ, MARTA AVENIDA J.P. DUARTE #13 SANTIAGO DO	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date: *April 20, 2000*  
 Daytime Phone #: *(305) 443-3046*

CR2E034 (9/99)