

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90208 046 ***150.00

DOCUMENT # 537776

1. Entity Name

SIGMAR CORPORATION

Principal Place of Business

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

Mailing Address

**550 NW LE JEUNE ROAD
 SUITE 222
 MIAMI, FL. 33126-5671**

2. Principal Place of Business

3. Mailing Address

782 NW EL JEUNE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 629

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

59-1754333

Applied For

Not Applicable

Zip

Country

Zip

Country

33126-5547

MIA-DADE

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, 2001 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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

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

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

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

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

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: *Siegfried Maruschke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIEGFRIED MARUSCHKE

4/16/01

Date

(305) 443-3046

Daytime Phone #

CR2E034 (11/00)