2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
08-22-2000 90007 020 ****75.00

DOCUMENT # 740208

1. Entity Name

SIG-AL, INC.

R

Principal Place of Business	Mailing Address
15600 N.W. 42ND AVENUE MIAMI.F L 33054	15600 N.W. 42ND AVENUE MIAMI.F L 33054-6100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2614284 ☐ 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
MACK, ASTRID 5020 N.W. FIRST AVENUE MIAMI FL 33127	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, STANLEY 1420 SW 104 AVE PEMBROKE PINES FL	☒ Delete	PRESIDENT RICHARD T. FISHER 1550 NW 143 ST MIAMI, FL 33167	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRAYNON, KEITH 826 SW 9 ST HALLANDALE FL	☒ Delete	FINANCIAL OFFICER STANLEY ALLEN 1420 SW 104 AVE PEMBROKE PINES, FL 33025	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EARL, DANIELS 3250 FROW AVE MIAMI FL	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COAKLEY, AUDLEY 6930 NW 186 ST MIAMI FL	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRINSON, WILLIE 1421 NW 137 AV. MIAMI FL 33167	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley Allen REQUIRED — 8/10/00 — (954) 205-7783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #