

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 755770** 

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90115 045 \*\*\*\*61.25

1.	Corporation	Name							
SIRGANY FOUNDATION, INC.						14/40/ - 20110 - 40			
							<del></del>		
Principal Place of Business Mailing Address								-	
69	10 NW 12TH	ST	6910 NW 12TH ST						
BLDG B BLDG B									
MIAMI FL 33126 MIAMI FL 33126 US US						1 180411 10001 OLIN MINE INDEN DEN BENT BERTY BE	Bidhi aveli asal	, E1811 1881	
US	)		us				-	٠	
Principal Place of Business 2a. Mailing Address						Date Incorporated or Qualifed			
$\overline{}$	Principal Pi	——————————————————————————————————————				12/29/1980			
21	Cuite Ant	26				4. FEI Number	TAnn	lied For	
	Suite, Apt.	27				59-2056953		Applicable	
22	City & State						\$8.75 A		
22	City & State	,				5. Certificate of Status Desired	Fee Rec		
23	Zip	p Country Zip Cou				6. Election Campaign Financing	\$5.00	May Be	
24	2.10	25 29 30				1 - 11	Added to	• 1	
24		9. Name and Address of Current	11	<u>'</u>		10. Name and Address of New Registered A	gent		
		- Hallio and Addition		81	Name				
	VAVAL DI	VMOND I		82		(D.O. D. Marker in New Assessable)	<u> </u>		
KAYAL, RAYMOND J.					Street Addi	ress (P.O. Box Number is Not Acceptable)	,		
6910 NW 12TH STREET									
MIAMI, FL						1	·.		
33126					City	FL	85 Zip C	ode .	
44	- Durauant	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above	e-named corr	poration submits this statement for the numese of c	nanging its r	egistered	
	office or re	poistered agent or both in the State o	l Florida. Such change was auth	onzed by	the corporati	on's board of directors. I hereby accept the appoint	ment as reg	istered	
	agent. I ai	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes					
SI	GNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Re	nistered Aner	of signature require	ed when reinstating) DATE	<del></del>	<del></del>	
12	<u>.                                    </u>	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TIT		PD	☐ DELETE	1.1 ππLE			☐ Change	Addition	
NA.		1		1.2 NAME		1			
	REET ADDRESS	6850 SW 99TH TERRACE		1.3 STREE	T ADDRESS	٠.			
	Y-ST-ZIP	PINECREST FL 33156		1.4 CITY-S		•	-	l	
TIT				2.1 TITLE			☐ Change	Addition	
NA	1	1		2.2 NAME					
	REET ADDRESS			2.3 STREET ADDRESS				j	
		DIMPODEDE EL 23/F/		2.4 CITY-ST-ZIP		•			
TIT	Y-ST-ZIP			3.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NA		BARROCK, DOLORES S	·	3.2 NAME				ļ	
1	REET ADDRESS	Anna Designation of the Control of t			TADORESS	•		}	
1		PROCKETE P. WIGG 00000		3.4. CITY-5		•			
TIT	Y-ST-ZIP			4.1 TITLE	31-21		Change	Addition	
				4. 2 NAME			- *		
ŧ	NAME STREET ADDRESS			4.3 STREET ADDRESS			٠	!	
{				4.4 CITY-ST-ZIP				ľ	
-	Y-ST-ZIP			5.1 TITLE	1-41		Change	Addition	
ПТ	ĺ		₩ pereie	5.1 HILE 5.2 NAME		•			
NA					T ADDRESS			ł	
1	SINCEL AUDICOS				T-ZIP	· ·		İ	
	V. \$T. 710								

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: 6

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition