

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
 03-12-2002 90028 011 ***150.00

DOCUMENT # F00000005051

1. Entity Name
SIVA CORPORATION

Principal Place of Business

3333 S. CONGRESS AVE
403
DELRAY BEACH FL 33445
US

Mailing Address

3333 S. CONGRESS AVE
403
DELRAY BEACH FL 33445
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
65-1035078

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

CLAIRE, ROBERT I
7028 W. PALMETTO PARK ROAD, SUITE 106
BOCA RATON FL 33433

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MIN, ZUOJUN**
CITY-ST-ZIP **9023 PICOT COURT**
BOYNTON BEACH FL 33437

TITLE ☐ Change ☒ Addition
NAME **C**
STREET ADDRESS **Donald Nickelson**
CITY-ST-ZIP **1701 Hwy A1A Ste 218**
Vero Beach, FL 32963

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MIN, LYNN**
CITY-ST-ZIP **2698 NW 39TH STREET**
BOCA RATON FL 33434

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Stephen Evans-Freke**
CITY-ST-ZIP **595 Madison Ave**
New York, NY 10022

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **TAN, JI WHEE**
CITY-ST-ZIP **138 HERITAGE WAY**
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **VOLDMAN, ZORRIK**
CITY-ST-ZIP **2225 S. OCEAN BLVD. #8**
DELRAY BEACH FL 33483

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2002 **561 212 2121**
 Date Daytime Phone #

03/12/02 08:00 AM

CR2E034 (9/01)