

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91058 034 ***150.00

0416098 AV

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ANGELL CORPORATE SERVICES, INC.
Street Address (P.O. Box Numbers Not Acceptable)
One North Clematis Street Suite 400
City
West Palm Beach FL Zip Code
33401

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. I am familiar with, and accept the obligations of registered agent **Angell Corporate Services, Inc.**

SIGNATURE By: **John G. Jgoe, Vice President**

2/25/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **CEO, S, D** ☐ Change ☒ Addition
NAME **Melvin, Jim**
STREET ADDRESS **3333 S. Congress Ave., Ste. 403**
CITY-ST-ZIP **Delray Beach FL 33445**

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **NICKELSON, DONALD**
STREET ADDRESS **1701 HWY A1A, SUITE 218**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EVANS-FREKE, STEVEN**
STREET ADDRESS **595 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D, T** ☒ Change ☐ Addition
NAME **Evans-Freke, Stephen**
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 19, 2003 561-272-2121

Date

Daytime Phone #

CR2E034 (10/02)