

2001 UNIFORM BUSINESS REPORT (UBR)

0137080 AB

DOCUMENT # **G33048**

1. Entity Name
SIGISOARA VENTURES CORP.

APPROVED
AND
FILED

01 DEC 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

ADAM KATZ
1000 ISLAND BLVD., UNIT 3209
WILLIAMS ISLAND FL 33160

Mailing Address

747 MIDDLE NECK RD.
P.O. BOX 230403
GREAT NECK NY 11023-0403

2. Principal Place of Business

Harold Reiz
Suite, Apt. #, etc.
5651 SW 92nd Ave
City & State
Miami, FL
Zip
33173
Country
USA

3. Mailing Address

PO Box 22-2073
Suite, Apt. #, etc.
29 Barytown Rd
City & State
Great Neck, NY
Zip
11021
Country
USA

REINSTATEMENT

4. FEI Number

59-2383569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, ADAM
1000 ISLAND BLVD.
UNIT 3209
WILLIAMS ISLAND FL 33160

7. Name and Address of New Registered Agent

Name
Harold Reiz
Street Address (P.O. Box Number Is Not Acceptable)
5651 SW 92nd Avenue
City
Miami FL Zip Code
33173

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KATZ, ADAM	
STREET ADDRESS	1000 ISLAND BLVD., SUITE 3209	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHULMAN, SHERI	
STREET ADDRESS	12 HEMPSTEAD AVE	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Adam Katz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO Box 22-2073	
STREET ADDRESS	29 Barytown Road	
CITY-ST-ZIP	Great Neck, NY 11021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sheri Shulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)