

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78381

1. Entity Name  
SIDERFIMA CORPORATION

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90058 030 \*\*\*150.00

Principal Place of Business  
C/O RAUL LOYOLA  
1101 BRICKELL PLAZA  
MIAMI FL 33131

Mailing Address  
C/O RAUL LOYOLA  
1101 BRICKELL PLAZA  
MIAMI FL 33131

2. Principal Place of Business  
1101 BRICKELL AVE  
Suite, Apt. #, etc.  
SUITE 602 S.  
City & State  
MIAMI FL  
Zip  
33131  
Country  
DADE

3. Mailing Address  
1101 BRICKELL AVE  
Suite, Apt. #, etc.  
SUITE 602 S.  
City & State  
MIAMI FL  
Zip  
33131  
Country  
DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0431332 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LOYOLA, RAUL  
1101 BRICKELL PLAZA  
#602 SOUTH  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
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]* DATE April 29, 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOROZOF, RAUL H		NAME		
STREET ADDRESS	APTO. 402, RAMBIA BATTLE, Y AVDA		STREET ADDRESS		
CITY-ST-ZIP	FRANCIA		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDIG, ENRIQUE W		NAME		
STREET ADDRESS	CHALET MANDERLY CALLE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIDA Y AVE. SAN		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOYOLA, RAUL		NAME		
STREET ADDRESS	1101 BRICKELL PLAZA		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE April 29, 2001 DAYTIME PHONE # (305) 374-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)