

**FILED**

**Feb 04, 2000 8:00 am**  
**Secretary of State**

[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT # M80413

1. Entity Name

SINDERA CORPORATION

Principal Place of Business

1907 WEST KENNEDY BLVD.  
FL 33606

Mailing Address

C/O 1907 WEST KENNEDY BLVD.  
TAMPA FL 33606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required)

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DPV  
KLOTI, ALBERT B.  
35 SUNSET HEIGHTS  
SINGAPORE 59

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12.

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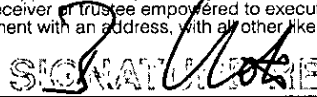
TITLE

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 609.1 indicated on this report or supplemental report is true and accurate and that my signature shall have the full effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 609, F.S., changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ALBERT B. KLOTI