FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State DOCUMENT # P0000072219 1. Entity Name 05-17-2001 91310 023 ***150.00 U.S.A. SINCO INTERNATIONAL, INC. Principal Place of Business Mailing Address 7141 COLLINS AVENUE 7141 COLLINS AVENUE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 3. Mailing Address 2. Principal Place of Business 261 tairlake From Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-1033195 N)ec Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ BAUTISTA, GLADIS Number is Not Acceptable) 7141 COLLINS AVENUE MIAMI BEACH FL 33141 City ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE me of registered abent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is ensible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Delete TITLE TITLE HERNANDEZ BAUTISTA, GLADIS NAME NAME 1261. Fair ale Trace STREET ADDRESS STREET ADDRESS 7141 COLLINS AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Addition **VPD** ☐ Delete TITLE ☐ Change HERNANDEZ. EDGAR NAME 1261 Fairlake Trave THEST LOORESS 7141-COLLINS-AVENUE STREET ADDRESS ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141. Addition ☐ Change ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his 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 of 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 requirer 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 13. I hereby certify that the infort

changed, or on an attachm all other like empowered

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)