


02-03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
2002
03 APR 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <u>P01000084155</u>	
1. Entity Name <u>C SINCLAIR DE R INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>P.O. BOX 565505</u>	3. Mailing Address <u>P.O. BOX 565505</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>VILLAGE OF PINE CREST FL</u>	City & State <u>VILLAGE OF PINE CREST FL</u>	4. FEI Number <u>65-1134004</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33256</u>	Country <u>USA</u>	Zip <u>33256</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>DE ROTHSCHILD CINDI SINCLAIR</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2901 S MIAMI AVENUE</u>	
City <u>MIAMI</u>	FL Zip Code <u>33125</u>

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.

SIGNATURE

[Signature]

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>D DE ROTHSCHILD CINDI SINCLAIR 2901 S. MIAMI AVENUE MIAMI FL 33125</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>100016232901 04/18/03--01014--008 **150.100</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>100016232901 04/18/03--01014--008 **150.100</u>
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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 on an attachment with an address, with all of the like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

4/21/03

ATTACHMENT

P01000084159
C. SINCLAIR DE R., INC.
PO BOX 565505

VILLAGE OF PINECREST FL 33256

December 28, 2002

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: C. Sinclair de R., Inc.
Document#:P0100084159

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


De Rothschild Cindi Sinclair
DC/re