

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90740 027 ***150.00

DOCUMENT # PO1000109690

1. Entity Name

SIF AMERICAS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9032 NW 12 STREET

Suite, Apt. #, etc.

3. Mailing Address

9032 NW 12 STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1155306

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GASPAR GARCES

Street Address (P.O. Box Number is Not Acceptable)

9032 NW 12 STREET

City

MIAMI

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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

05/21/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>PICO, ALFREDO J</u> <u>AV. PAULISTA 1471, Conj 1314 CEP 01311-</u> <u>SÃO PAULO, BRASIL</u> <u>200</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>IWAMOTO, MILTON S</u> <u>RUA JULIO VERNIE 121 BL. E APT 302</u> <u>MANAUS, -BRASIL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>MAEDA, JAIME M</u> <u>ENDERECO AV LUCAS TATTES III</u> <u>APT 0 #104 CEP SAN PAUL - BRASIL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>VAZ, TONY</u> <u>1055 SAN MARCOA COVE</u> <u>LAWRENCEVILLE, GA 30043</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>GARCES, GASPAR</u> <u>9032 NW 12 ST</u> <u>MIAMI, FL 33172</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GASPAR GARCES DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/21/02 (305) 471-8488