

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90158 018 ***150.00

DOCUMENT # P02000070593

1. Entity Name

SINTEL GROUP, INC.



Principal Place of Business

4815 NW 79 AVE.

7

MIAMI FL 33166

Mailing Address

4815 NW 79 AVE.

7

MIAMI FL 33166

2. Principal Place of Business

4811 NW 79 AVE

3. Mailing Address

4811 NW 79 AVE

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

46-0488282

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

UZZATEGUI, LUISA
19370 COLLINS AVE
104B-3
MIAMI FL 33160

7. Name and Address of New Registered Agent

Name
NAVARRO ANGEL
Street Address (P.O. Box Number is Not Acceptable)
4811 NW 79 AVE SUITE 2
MIAMI, FL
City
FL Zip Code
33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

NAVARRO, ANGEL, President 04/14/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NAVARRO, ANGEL
4815 NW 79 AVE SUITE 7
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DE NAVARRO DIAZ, SANDRA
4815 NW 79 AVE SUITE 7
MIAMI FL 33166 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with another who is empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2003 305-4369004

Date

Daytime Phone #

CR2E034 (10/02)