

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90142 002 \*\*\*150.00

**DOCUMENT # P02000086403**

1. Entity Name  
**SINIQ CORP.**



Principal Place of Business  
**650 NORTHEAST 64TH STREET  
SUITE G610  
MIAMI FL 33138**

Mailing Address  
**650 NORTHEAST 64TH STREET  
SUITE G610  
MIAMI FL 33138**



2. Principal Place of Business

**1423 COLLINS AVE  
SUITE, Apt. #, etc.  
LOWER LEVEL**

3. Mailing Address

**PO Box 1181  
SUITE, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

4. FEI Number  
**02-0636991**

Applied For  
☐ Not Applicable

Zip Country  
**33139 USA**

Zip Country  
**33119 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **ANIA RANDEGGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**2383 FLAMINGO DR**  
City **MIAMI BEACH FL** Zip Code **33140**

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

**ANIA RANDEGGER**  
(NOTE: Registered Agent signature required when reinstating)

**17 JAN 03**  
DATE

**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

TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>RANDEGGER, ANIA</b>	
STREET ADDRESS	<b>650 NORTHEAST 64TH STREET, SUITE G610</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

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

**17 JAN 03**

Date Daytime Phone #

CR2E034 (10/02)