

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

05-23-2003 90147 048 ***150.00

DOCUMENT # P02000123280

1. Entity Name
SIROCO, CORP.



Principal Place of Business
**2440 SW 115 AVE.
MIAMI FL 33165**

Mailing Address
**2440 SW 115 AVE.
MIAMI FL 33165**

55054808



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

4. FEI Number **65-1169006**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DIZINMIO, SILVIO N
2440 SW 115 AVE.
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MOSEHELLA, JOSE J 2440 SW 115 AVE. MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIZINMIO, SILVIA N 2440 SW 115 AVE. MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSEHELLA, SERGIO R 2440 SW 115 AVE. MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, MARIANA S 2440 SW 115 AVE. MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(l), 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 fees empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

55054808

#PO 2000123280

SIROCO CORP.
2440 SW 118TH AVE.
MIAMI, FL 33185-2123

80121002

116

63-8413/2870

DATE 04-25-03

PAY
TO THE
ORDER OF

Division of Corporations

\$ 150=

One Hundred and fifty

DOLLARS



Washington Mutual

Washington Mutual Bank, NA
Miami/Las Americas Financial Center 1720
12001 SW 28th Street
Miami, FL 33175
1-800-786-7000
24 Hour Customer Service

FOR

SIROCO Corp.

⑈00000115⑈ ⑈257084131⑈ 4894914905⑈

⑈0000015000⑈

Attachment #

55052894

PO2000053280

JN-208

BANK OF AMERICA, NA
06638800474 49752 95 100
06/02/03

6640290890

2003 05368

MAY 23 2003

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068786