2002 Uniform Business Report (UBR)

SIGNATURE:

FILED Apr 16, 2002 8:00 am Secretary of State DOCUMENT # P92000007288 1. Entity Name 04-16-2002 90113 026 ***150.00 SIDALCO, INC. Principal Place of Business Mailing Address 7481 W. OAKLAND PARK BLVD. 7481 W. OAKLAND PARK BLVD. FIRST FLOOR FIRST FLOOR FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0370876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AZIZ, ALI Street Address (P.O. Box Number is Not Acceptable) 7481 W. OAKLAND PARK BLVD. FIRST FLOOR FT. LAUDERDALE FL 33319 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME ali, aziz STREET ADDRESS 7481 W OAKLAND PARK BLVD., 1ST FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33319 TITLE ☐ Delete TITLE Change ☐ Addition NAME YAZMIN, ALI NAME STREET ADDRESS STREET ADDRESS 7481 W OAKLAND PARK BLVD 1ST FLOOR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE-FL 33319 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RÁMZEY, ALI STREET ADDRESS 7481 W OAKLAND PARK BLVD 1ST FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME_. -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information sindicated on this report of supplement of the corporation or the receiver or the changed, or on an attackment with a this illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 yeard to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #