

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED REPORT

DOCUMENT # P93000003171

1. Entity Name

SIOR SERVICES, INC.

FILED

00 JUL 27 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1001 SOUTH BAYSHORE DR. 1001 SOUTH BAYSHORE DR.  
SUITE 2104 suite 2104  
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address  
1001 BRICKELL BAY DR. 1001 BRICKELL BAY DR.

Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE 2104 SUITE 2104

City & State City & State  
MIAMI FL MIAMI FL

Zip Country Zip Country  
33131 33131

4. FEI Number Applied For  
65-0381242 Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

OSIO, DAVID J.  
1001 SOUTH BAYSHORE DR.  
SUITE 2104  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name OSIO, DAVID J  
Street Address (P.O. Box Number is Not Acceptable)  
1001 BRICKELL BAY DR.  
SUITE 2104  
City MIAMI FL Zip Code 33131

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 Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	RIVERO, RAFAEL	
STREET ADDRESS	330 GRECO AVE. SUITE 108	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OSIO, SAMANTHA	
STREET ADDRESS	330 GRECO AVE. SUITE 108	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OSIO, DAVID	
STREET ADDRESS	1001 SOUTH BAYSHORE DR. #1712	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MALDONADO, PATRICIA	
STREET ADDRESS	14932 S.W. 143rd COURT	
CITY-ST-ZIP	MIAMI FL 33186	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	500003354585--1	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	-08/14/00--01012004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSIO, DAVID J	
STREET ADDRESS	1001 BRICKELL BAY DR. #2104	
CITY-ST-ZIP	MIAMI FL 33131	
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		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ☒ DAVID J. OSIO TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)