

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052267

1. Entity Name

SIPAN CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 PM 12:41

Principal Place of Business

**168 SE 1st Street
1101
Miami, FL 33131
USA**

Mailing Address

**1643 Brickell Avenue
3205
Miami, FL 33129
USA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0425450

Applied For

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

7. Name and Address of New Registered Agent

**JOSE MARIA CARNEIRO DA CUNHA
1643 Brickell Avenue, suite 3205
Miami, FL 33129**

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.

SIGNATURE

JOSE MARIA CARNEIRO DA CUNHA

(NOTE: Registered Agent signature required when reinstating)

5/17/00

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
NAME

**DPT
LEONE, ALDO
261 Crandon Blvd. #835
Key Biscayne, FL 33149**

☐ Delete

TITLE
NAME

**VPS
OLGA, LEONE M
261 Crandon Blvd. #835
Key Biscayne, FL 33149**

☐ Delete

TITLE
NAME

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

TITLE
NAME

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

TITLE
NAME

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

TITLE
NAME

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

12. 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/00

(305) 375-9225

Date

Daytime Phone #

CR2E034 (9/99)