

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
05-27-2002 90384 044 \*\*\*150.00

1. Entity Name  
**SIB-CON, INC.**

2740 N.W. 112TH AVE.  
MIAMI FL 33172

2740 N.W. 112TH AVE.  
MIAMI FL 33172

Suite, Apt. #, etc.

Applied For
Not Applicable

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

**KOPEL, BERNARDO**  
**2740 N.W. 112TH AVE.**  
**MIAMI FL 33172**

City

FL

Zip Code

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

TITLE	DPT	<input type="checkbox"/> Delete
NAME	KOPEL, BERNARDO	
STREET ADDRESS	2740 N.W. 112TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

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

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

TITLE	<input type="text"/>	<input type="button" value="Delete"/>
NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	
CITY-ST-ZIP	<input type="text"/>	

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
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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:** SIGNATURE OF DIRECTOR Bernardo Kopel 3/15/02 (305) 597-7110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #