2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087164

1. Entity Name
SIGIBIAL INTERNATIONAL SUPPLIES, INC.

Principal Place of Business
7307 NW 79 TERRACE
MIAMI FL. 33166

Mailing Address
1890 SW 57 AVE
Miami, FL 33155

FILED
02 OCT 10 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0536908 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASERTA, SILVIA
1585 SW 152 AVE, 9 204
MIAMI FL. 33193

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.

SIGNATURE

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, 2002 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 / STREET ADDRESS / CITY-ST-ZIP	
P ALMUDARAY, MARIADIZ AVE. ANDRES BELLO ENTRE 3RA Y 4TA TRANSVERSA	☐ Delete
S/T CASERTA, SILVIA 1585 SW 152ND AVE # 9 204 MIAMI FL 33126	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
400008331414--2 -10/11/02--01027--023 ****150.00 ****150.00	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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] PRESIDENT 7/6/02 (305) 260-24[illegible]