2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087164

1. Entity Name SIGLOBAL INTERNATIONAL SUPPLIES

FILED
03 MAY -5 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7311 NW 79 TERRACE
MIAMI FL 33166

Mailing Address
1890 SW 57 AVE #109
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip | Country

☐ CHECK HERE IF MAKING CHANGES

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
7311 NW 79 TERRACE
MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	AHUWDARAY, MARIA LUZ	
STREET ADDRESS	AVE ANDRES BELLO	
CITY-ST-ZIP	ENTRE 3RA Y 4TA TRANSVERSAL	
TITLE	S/T	☐ Delete
NAME	CASERTA SILVIA	
STREET ADDRESS	7311 NW 79 TERRACE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	500018834335	
CITY-ST-ZIP	05/13/03--01044--008 **150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Ahuwdaray PRESIDENT (305) 266-2428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #