

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90039 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000022501**

1. Entity Name

SINTRA CORP.

Principal Place of Business

Mailing Address

2357 SW 22ND ST  
 MIAMI FL 33145  
 US

2357 SW 22ND ST  
 MIAMI FL 33145-3510  
 US

2. Principal Place of Business

2110 SE. FEDERAL Hwy.

Suite, Apt. #, etc.

3. Mailing Address

2110 S.E. FEDERAL Hwy.

Suite, Apt. #, etc.

City & State

STUART FLORIDA

City & State

STUART FLORIDA

4. FEI Number

65-0569653

Applied For

Not Applicable

Zip

Country

34994

USA

Zip

Country

34994

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DA COSTA, ALVARO P  
 2357 SW 22ND ST  
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

DA COSTA, ALVARO P.

Street Address (P.O. Box Number is Not Acceptable)

2110 SE. FEDERAL Hwy.

City

STUART

FL

Zip Code

34994

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	PST	<input type="checkbox"/> Delete
NAME	DA COSTA, ALVARO P	
STREET ADDRESS	2357 SW 22ND ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	V	<input type="checkbox"/> Delete
NAME	VARGAS, EILEEN	
STREET ADDRESS	2357 SW 22ND ST	
CITY-ST-ZIP	MIAMI FL 33145	
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="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA COSTA, ALVARO P.	
STREET ADDRESS	2110 S.E. FEDERAL Hwy.	
CITY-ST-ZIP	STUART, FLORIDA 34994	
TITLE	V ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARGAS, EILEEN	
STREET ADDRESS	2110 SE. FEDERAL Hwy.	
CITY-ST-ZIP	STUART, FLORIDA 34994	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00 219-2192

CR2E034 (9/99)