

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000003425**

1. Entity Name

SINCO INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

**780 NW LEJEUNE ROAD
STE 616
MIAMI FL 33128**

**780 NW LEJEUNE ROAD
STE 616
MIAMI FL 33128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FDI Number

65-0645434

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**LIBERATORE, MICHAEL J
780 NW LEJEUNE ROAD
STE 616
MIAMI FL 33128**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's name is required when changing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	D JUNIOR, NEY S AV. SEMAMBETIBA 3800 RIO DE JANEIRO BRAZIL	☐ Change ☐ Addition	
☐ Delete	D COSTA, FERNANDO S AV. SEMAMBETIBA 3800 RIO DE JANEIRO BRAZIL	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 667, 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:

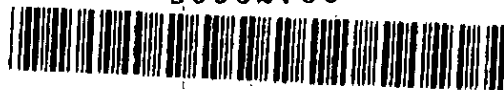
[Signature]

[Signature]

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90002 007 ***150.00

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DO NOT WRITE IN THIS SPACE