

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089061

1. Entity Name  
**SAIC CHEMICAL CORPORATION**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90025 015 \*\*\*150.00

Principal Place of Business

9990 SW 77 AVE  
STE 208  
MIAMI FL 33156  
US

Mailing Address

9990 SW 77 AVE  
STE 208  
MIAMI FL 33156  
US

2. Principal Place of Business

9990 SW 77 AVENUE

3. Mailing Address

9990 SW 77 AVENUE

Suite, Apt. #, etc.

315

Suite, Apt. #, etc.

315

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33156

Country

DADE

Zip

33156

Country

DADE

4. FEI Number

65-0705827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLLMANN, JENNIFER  
10109 S.W. 60TH AVENUE  
MIAMI FL 33156

> DELETE

Name: Pomenta, Marisela

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

8200 SW 84 Terrace

Miami, FL 33143

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 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, 2001 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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ARMAS, CELESTINO**  
CITY-ST-ZIP **520 BRICKELL KEY, APT. 803**  
**MIAMI FL 33131**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **POMENTA, MARISELA**  
CITY-ST-ZIP **8200 S.W. 84TH TERRACE**  
**MIAMI FL 33143**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **Cusco, Eduardo**  
CITY-ST-ZIP **8200 SW 84 Terrace**  
**Miami, FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)