2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700005888 May 22, 2000 8:00 am 1. Entity Name SIUSA, INC. Secretary of State 05-22-2000 90026 025 ***150.00 Principal Place of Business Mailing Address 4211 N ORANGE BLOSSOM TRAIL 4211 N ORANGE BLOSSOM TRAIL **UNIT 788** UNIT 788 ORLANDO FL 32804-2738 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Blosson Ten 2060 WA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number ity & State 59-3417617 Not Applicable Country Country \$8.75 Additional 837 5. Certificate of Status Desired Olar6E Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANCISCO CONCEICAO, REGIS S **687 ARROW LANE** KISSIMMEE FL 34746 Zip Code 32837 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 ad when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS D٩ Addition TITLE TITLE ■ Delete FRANCISCO M. DE PAULA CIR. CONCEICAO, REGIS S MARKE NAME STREET ADDRESS **687 ARROW LANE** STREET ADDRESS 2060 WATERLEAF ST. CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ORLANDO, FL. Addition Change Ch Delete TITLE TITLE FRANCISCO M. DEPAULA JR. CONCEICAO, RGIS S NAME NAME 2060 WATERLEAS ST. 687 'ARROW LANE" STREET ADDRESS STREET ADDRESS DRLANDO, fr. CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP ☑ Change Addition Delete TITLE TITLE FRANCISCO M. DE VAULA JO. CONCEICAO, REGIS S NAME NAME 687 ARROW LANE STREET ADDRESS 2060 WATERLEAF ST. STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP DELANDO FL. ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.