2000 UNIFORM BUSINESS REPORT (UBR)

reora, Felicia

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000069015 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name SIRES USA STOCK CORPORATION 04-25-2000 90003 031 ***150.00 Mailing Address Principal Place of Business 3350 NW BOCA RATON BLVD., STE. B-6 C/O GRAU & CO. MR H JANUS 2101 CORP BLVD NW STE 218 BOCA RATON FL 23431 BOGA RATON FL-33431 2. Principal Place of Business BISCAYNE BIV 1900 2700 North Military Trail, Suite 350 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Boca Raton, Florida 33431 suite# 502P Applied For FEI Number City & State 65-0776858 Not Applicable MIAM **\$8.75** Additional Ecuptry (CSD) 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition CR2E034 (9/99 TITLE ☐ Delete TITLE GIANCOLA, VINCENZO NAME SPITZSTRASSE 14, CH-8155 NIEDERHASLI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ZURICH, SWITZERLAND Addition ☐ Chap ☐ Delete TITLE GIANCOLA-TEORA, FELICIA NAME STREET ADDRESS SPITZSTRASSE 14. CH-8155 NIEDERHASLI STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ZURICH, SWITZERLAND ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE 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 truttee 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.