

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**  
 05-12-2000 90856 049 \*\*\*150.00

DOCUMENT # **P98000022476**  
 1. Entity Name **SIRENA INC.**

Principal Place of Business **DAVIE FL**  
 Mailing Address **10820 CAMERON CT. #203**  
**DAVIE FL 33324**

2. Principal Place of Business **DAVIE FL**  
 Suite, Apt. #, etc. **#203**  
 City & State **DAVIE FL**  
 Zip **33324** Country **U.S.A.**

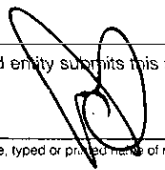
3. Mailing Address **10820 CAMERON CT.**  
 Suite, Apt. #, etc. **#203**  
 City & State **DAVIE FL**  
 Zip **33324** Country **U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0820849**  
 Applied For ☐ Not Applicable ☒  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIRENA INC 10820 CAMERON**  
**CT. #203 DAVIE FL 33324**

7. Name and Address of New Registered Agent  
 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  **ROMAN SAEZ** DATE **4/24/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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**

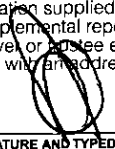
11. OFFICERS AND DIRECTORS

TITLE <b>ROMAN SAEZ</b> NAME <b>PRESIDENT</b> STREET ADDRESS <b>ADDRESS ABOUT</b> CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE <b>GRACIELA SAEZ</b> NAME <b>VICE PRESIDENT</b> STREET ADDRESS <b>ADDRESS ABOUT</b> CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ROMAN SAEZ** **4/24/00 (305) 945-4400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)