2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P98000035319

1. Entity Name

SIFRA TRADE & FINANCING CORP.

APPROVED AND FILED

00 OCT -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131	169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131-1207

2. Principal Place of Business	3. Mailing Address
169 East Flagler Street	169 East Flagler Street
Suite, Apt. #, etc Suite 1527	Suite, Apt. #, etc. Suite 1527
City & State Miami, FL	City & State Miami, FL
Zip: 33131± Country: U.S.A	Zip: 33131 Country: U.S.A

4. FEI Number: 65-0829351 — Applied F- / Not Applic

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

6. Name and Address of Current Registered Agent

THOMPSON, DISNEY
169 EAST FLAGLER STREET
SUITE 1527
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Angelo Batista 169 East Flagler Street Suite 1527 Miami, Florida 33131	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003434516--9 -10/23/00--01018--012 ****550.00	☐ Change ☐ A ****550.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ A

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: Angelo Angelo Batista 09-07-00 (305) 381-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE