

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90187 018 ***150.00

DOCUMENT # P98000041290

1. Entity Name

STRUCTURED INTELLIGENCE CORPORATION

Principal Place of Business

Mailing Address

445 GRAND BAY DRIVE

APT. 403

KEY BISCAYNE FL 33149

445 GRAND BAY DRIVE

APT. 403

KEY BISCAYNE FL 33149-1906

638633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1401 Brickell Ave.

Suite, Apt. #, etc.

Suite 1010

City & State

Miami

Zip

33131

Country

USA

Suite, Apt. #, etc.

Suite 1010

City & State

Miami

Zip

33131

Country

USA

4. FEI Number

65-0864370

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

Name

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

City

FL

Zip Code

HECHT, ALAN R
2670 NE 215 STREET
MIAMI FL 33180

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME VINOLY, DANIEL
STREET ADDRESS 1690 S BAYSHORE LANE, APT 6B
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete

NAME DVP
STREET ADDRESS ALMADA, GUILERMO
1690 S BAYSHORE LANE, APT 6B
CITY-ST-ZIP MIAMI FL 33133

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 445 GRAND BAY DRIVE APT 403
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 1541 Brickell Ave., Apt 809
CITY-ST-ZIP Miami, FL 33129

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 (9/99)