

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91410 017 ***150.00

CR2E034 (10/02)

DOCUMENT # P98000074894

1. Entity Name
SIDOC USA, INC.



Principal Place of Business
10700 SW 116 AVE
MIAMI FL 33176

Mailing Address
10700 SW 116 AVE
MIAMI FL 33176

2. Principal Place of Business

2103 CORAL WAY

3. Mailing Address

2103 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

302

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country

Zip Country

33145 USA

33145 USA

4. FEI Number **65-0869502**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LOPEZ, GUSTAVO
10700 SW 116 AVE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **LOPEZ, GUSTAVO**
Street Address (P.O. Box Number is Not Acceptable) **2103 CORAL WAY, SUITE 302**
City **MIAMI** **FL** **Zip Code** **33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **LOPEZ, GUSTAVO A**
STREET ADDRESS **701 BRICKELL KEY PH6**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Delete
NAME **MATALLANA RHODES, FRANCISCO J**
STREET ADDRESS **10700 SW 116 AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **V** ☐ Delete
NAME **LOPEZ, JUANITA**
STREET ADDRESS **701 BRICKELL KEY BLVD PH6**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

04/23/03 305 2855188
Date Daytime Phone #