

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044755

1. Entity Name:

SIA-LOGIC, INC.

FILED

01 JAN 30 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
815 BOYNTON BEACH BOULEVARD, SUITE 7205 815 BOYNTON BEACH BOULEVARD, SUITE 7205  
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426-3672

2. Principal Place of Business 3. Mailing Address  
68 Uno Lago Dr 68 Uno Lago Dr  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Juno Beach FL Juno Beach FL  
Zip 33408 Country Palm Beach Zip 33408 Country Palm Beach

REINSTATEMENT 00-01

4. FEI Number 65-0916054 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  
AVERBACH, SCOTT  
815 BOYNTON BEACH BOULEVARD, SUITE 7205  
BOYNTON BEACH FL 33426  
Name Averbach, Scott  
Street Address (P.O. Box Number is Not Acceptable)  
68 Uno Lago Dr.  
City Juno Beach FL Zip Code 33408

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 12/10/00  
(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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Averbach		NAME	800003661218-4	
STREET ADDRESS	68 UNO LAGO DR.		STREET ADDRESS	-02/08/01--01033--001	
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP	****350.00 ****950.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	800003661218-4	
STREET ADDRESS			STREET ADDRESS	-02/08/01--01033--002	
CITY-ST-ZIP			CITY-ST-ZIP	****550.00 ****550.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  DATE 12/10/00 561-707-7625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)