

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098173

1. Entity Name

SIGMAPLUS INTERNATIONAL, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90044 019 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ALLEN & GALEGO  
 601 BRICKELL KEY DRIVE SUITE 805  
 MIAMI FL 33131

C/O ALLEN & GALEGO  
 601 BRICKELL KEY DRIVE SUITE 805  
 MIAMI FL 33131-2649

2. Principal Place of Business

3. Mailing Address

2770 S. Horseshoe Dr.

2770 S. Horseshoe Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

Suite #5

City & State

City & State

Naples, FL

Naples, FL

Zip 34104

Zip 34104

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2202598

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

ALLEN & GALEGO  
 601 BRICKELL KEY DRIVE  
 SUITE 805  
 MIAMI FL 33131

Name

Elizabeth Belsky

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

2770 S. Horseshoe Dr.

Suite #5

City

Naples

FL

Zip Code

34104

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

E. M. Belsky

ELIZABETH M. BELSKY, PRESIDENT

4/28/00

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	P, VP, T, S, D	<input type="checkbox"/> Delete
NAME	Elizabeth Belsky	
STREET ADDRESS	2770 S. Horseshoe Dr #5	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

E. M. Belsky

ELIZABETH M. BELSKY

4/28/00

(941) 659 2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #