

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90006 037 ***150.00

DOCUMENT # S03645

1. Entity Name

SINCOL US INC.

Principal Place of Business

Mailing Address

605 E 10TH AVE 3805 NW 132ST 605 E 10TH AVE 3805 NW 132ST
 HIALEAH FL 33010 HIALEAH FL 33054-4522
 US OPA LOCCA FL 33014 US OPA LOCCA FL 33014
 US US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0224792

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BALDVEDI, FRANCISCO

695 EAST 10TH STREET

HIALEAH FL 33010

3805 NW 1320 STREET
OPA LOCCA FL 33014

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	PELEGRINO, ALTAIR	RUA ALEMANHA 197	CACADOR, BRAZIL	<input type="checkbox"/>	PRESIDENT	FRANCISCO BALVEDI	1410 S. BAYSHORE DR #1605	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PERERA, DORVALINO	RUA ALEMANHA 197	CACADOR, BRAZIL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BALVEDI, WILSON ANTONIO	RUA ALEMANHA 197	CACADOR, BRAZIL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BALVEDI, CARLOS ALBERTO	RUA ALEMANHA 197	CACADOR, BRAZIL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BALVEDI, JOAO OLIZE	RUA ALEMANHA 197	CACADOR, BRAZIL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	COMELLI, MOYSES	RUE ALEMANHA 197	CACADOR, BRAZIL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO BALVEDI

Date

3/14/00

Daytime Phone #

305 704-0000