

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03645

1. Entity Name

SINCOL US INC.

Principal Place of Business

3805 NW 132 ST  
OPA LOCKA FL 33014  
US

Mailing Address

3805 NW 132 ST  
OPA LOCKA FL 33014  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0224792

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

BALVEDI, FRANCISCO  
3805 NW 132 ST  
OPA LOCKA 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, 2001 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  
D  
PELEGRINO, ALTAIR  
RUA ALEMANHA 197  
CACADOR, BRAZIL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
BALVEDI, FRANCISCO  
1410 S. Bayshore Dr. #1005  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PERERA, DORVALINO  
RUA ALEMANHA 197  
CACADOR, BRAZIL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BALVEDI, WILSON ANTONIO  
RUA ALEMANHA 197  
CACADOR, BRAZIL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BALVEDI, CARLOS ALBERTO  
RUA ALEMANHA 197  
CACADOR, BRAZIL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BALVEDI, JOAO OLIZE  
RUA ALEMANHA 197  
CACADOR, BRAZIL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COMELLI, MOYSES  
RUE ALEMANHA 197  
CACADOR, BRAZIL

TITLE  
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 #

3/30/01 305 704-0000

CR2E034 (10/00)

0120001

FILED  
Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90026 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE