

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03935

1. Entity Name

SIRGANY INTERNATIONAL CONCESSIONS, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90068 001 \*1,050.00

Principal Place of Business

Mailing Address

6910 NORTHWEST 12TH STREET  
MIAMI FL 33126

6910 NORTHWEST 12TH STREET  
MIAMI FL 33126-1336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0399094

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

KAYAL, RAMOND J  
6850 SW 99TH TERRACE  
100 SE 2ND STREET, SUITE 2800  
MIAMI FL 33156

Name

KAYAL, RAYMOND J.

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

6910 N.W. 12TH STREET

City

MIAMI, FL

FL

Zip Code  
33126

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 PD ☐ Delete  
NAME KAYAL, RAYMOND J.  
STREET ADDRESS 6910 N.W. 12TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ Change ☐ Addition  
NAME KAYAL, RAYMOND J.  
STREET ADDRESS 6850 S.W. 99TH TERRACE  
CITY-ST-ZIP PINECREST, FL 33156

TITLE STD ☐ Delete  
NAME KAYAL, LORAIN S.  
STREET ADDRESS 6910 N.W. 12TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Change ☐ Addition  
NAME KAYAL, LORAIN S.  
STREET ADDRESS 6850 S.W. 99TH TERRACE  
CITY-ST-ZIP PINECREST, FL 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)