

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90086 020 \*\*\*158.75

0394675

**DOCUMENT # 646305**

1. Entity Name  
**1560 JEFFERSON AVENUE CONDOMINIUM ASSOCIATION, I**

Principal Place of Business  
**1560 JEFFERSON AVE  
 APT #6  
 MIAMI BEACH FL 33139  
 US**

Mailing Address  
**SY-LO EMT CORP  
 PO BOX 667967  
 MIAMI FL 33235  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**1**

Suite, Apt. #, etc.  
**P.O. Box 014059**

City & State

City & State  
**MIAMI, FL**

4. FEI Number **11-4126433**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33101 USA**

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

**SY-LO EMT CORP  
 130 MADEIRA AVE  
 CORAL GABLES FL 33134**

Name **1560 JEFFERSON AVE - CONDO.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**90 SY-LO ENTERPRISES CORP.**  
**P.O. BOX 014059**  
 City **MIAMI** FL Zip Code **33101**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>V</b> <b>DEFILIPPIS, THOMAS E</b> <b>1560 JEFFERSON AVE #8</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JAQUE, CAROL</b> <b>1560 JEFFERSON AVE #1</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POMILIO, LARRY</b> <b>1560 JEFFERSON AVE #5</b> <b>MIAMI BEACH FL 33139</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES GLASS</b> <b>1560 JEFFERSON AVE #6</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Carla Jaque* **3/08/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)