

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90125 028 ****70.00

DOCUMENT # 711734

1. Entity Name

827 COLLINS BUILDING, INC.



Principal Place of Business

**825 COLLINS AVENUE
#10
MIAMI BEACH FL 33139
US**

Mailing Address

**C/O TERESITA C. MIGLIO, CPA
PO BOX 440282
MIAMI FL 33144
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0492276**

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

**SY-LO ENTERPRISES CORP.
1918 HARRISON STREET
STE 201
HOLLYWOOD FL 33020**

Name **TERESITA C. MIGLIO, CPA**

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

310 SW 67 COURT

City

MIAMI

FL

Zip Code **33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **AUBREY, MARITZA**
STREET ADDRESS **17306 SW 40 PLACE**
CITY-ST-ZIP **BELLEVUE WA**

TITLE **Vice President / Secretary / D** ☒ Change ☐ Addition
NAME **Maritza Aubrey**
STREET ADDRESS **1111 - 102 Avenue N.E. #239**
CITY-ST-ZIP **Bellevue, WA 98004**

TITLE **D** ☒ Delete
NAME **KROVZEK, P**
STREET ADDRESS **825 COLLINS AV 11**
CITY-ST-ZIP **MIAMI FL 33139**

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

TITLE **PD** ☐ Delete
NAME **GODOY, HECTOR**
STREET ADDRESS **825 COLLINS AVE**
CITY-ST-ZIP **MIAMI FL 33139**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer / Director** ☐ Change ☒ Addition
NAME **Sam Arafat**
STREET ADDRESS **825 Collins Ave #1**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

HECTOR GODOY, PRESIDENT 2-22-03

CR2E037 (10/02)