

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90116 045 ***150.00

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DOCUMENT # P00000024841

1. Entity Name
STA-SYL CUSTOM TAILORS, INC.

Principal Place of Business Mailing Address
1982 N.W. 38TH AVE., BAY 9B **1982 N.W. 38TH AVE., BAY 9B**
LAUDERHILL FL 33311 **LAUDERHILL FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1892 N.W. 38 Ave		3. Mailing Address 1892 N W 38 Ave	
Suite, Apt. #, etc. Bay 9B		Suite, Apt. #, etc. Bay 9B	
City & State Lauderhill, FL		City & State Lauderhill, FL	
Zip 33311	Country USA	Zip 33311	Country USA

4. FEI Number 65-0996089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, SYLVESTER
1982 N.W. 38TH AVE., BAY 9B
LAUDERHILL FL 33311

7. Name and Address of New Registered Agent
 Name: **Sylvester Williams**
 Street Address (P.O. Box Number is Not Acceptable): **1892 N.W. 38 Ave**
Bay 9B
 City: **Lauderhill** **FL** Zip Code: **33311**

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: **2/19/2002**
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, 2002 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	PD WILLIAMS, SYLVESTER 1982 N.W. 38TH AVE., BAY 9B LAUDERHILL FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, STACEY 1982 N.W. 38TH AVE., BAY 9B LAUDERHILL FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 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: Date: **2/19/2002** Daytime Phone #: **954-735-8388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)