

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 418570

1. Entity Name

SYDSTEAD CORP..

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90063 006 ***150.00

Principal Place of Business

Mailing Address

400 LESLIE DR. #1105
 #215
 HALLANDALE FL 33009
 US

400 LESLIE DR. #1105
 SUITE 215
 HALLANDALE FL 33009-2910
 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

59-1507762

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

KENNETH WOLOFSKY
 400 LESLIE DR 215
 HALLANDALE, FL
 HALLANDALE FL 33009

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, 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
 NAME WOLOFSKY, SYDNEY
 STREET ADDRESS 400 LESLIE DR., #215
 CITY-ST-ZIP HALLANDALE FL ☒ Delete

TITLE ^{PD} HOWARD WOLOFSKY
 NAME
 STREET ADDRESS 400 LESLIE DR #215
 CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Change ☒ Addition

TITLE ^{SD}
 NAME PERLOW, JEFFREY
 STREET ADDRESS 400 LESLIE DR., #215
 CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE ^{VD}
 NAME MARLENE LENNE
 STREET ADDRESS SAME
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ^{SD}
 NAME WOLOFSKY, KENNETH
 STREET ADDRESS 400 LESLIE DR., #215
 CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE ^{SD}
 NAME RHONDA BURSTEIN
 STREET ADDRESS SAME
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

Kenneth Wolofsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/00
 Date

(954) 458-2224
 Daytime Phone #

CR2E034 (9/99)