

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90160 031 \*\*\*\*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

~~PO BOX 614652~~  
~~MIAMI FL 33101~~  
~~US~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**1918 HARRISON ST.**

**201**

**Hollywood FL**

**33020**

**USA**



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

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

**1918 HARRISON STREET**

**SUITE 201**

**Hollywood FL**

City

State

Zip Code

**33020**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ☒ Delete  
 NAME **AUBREY, SUZANNE**  
 STREET ADDRESS **400 NO. SURF ROAD #403**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete  
 NAME **KROVZEK, PAVEL**  
 STREET ADDRESS **825 COLLINS AV 11**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **HECTOR GODOY**  
 CITY-ST-ZIP **825 Collins FL 33139**

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

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

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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 Hector Godoy**

**02-18-02**

**305.532.3460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)