

2002 UNIFORM BUSINESS REPORT (UBR)

47.

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 014650~~
 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

4. FEI Number

65-0492276

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

8. 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)

City

FL

Zip Code

1918 HARRISON STREET

SUITE 201

Hollywood

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

Edward S. [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	AUBREY, MARITZA	17306 SW 40 PLACE	BELLEVUE WA	<input type="checkbox"/>
D	AUBREY, SUZANNE	400 NO. SURF ROAD #403	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
D	KROVZEK, PAVEL	825 COLLINS AV 11	MIAMI FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	HECTOR GODOY	825 Collins #11	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of Hector Godoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-02

Date

305.532.3460

Daytime Phone #

CR2E037 (9/01)