

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90152 028 ***150.00

901423

DOCUMENT # F93000002240

1. Entity Name

SYLVANIA EXPORT CORPORATION N.V.

Principal Place of Business

**6600 N. ANDREWS AVE., SUITE 240
FT. LAUDERDALE FL 33309**

Mailing Address

**6600 N. ANDREWS AVE., SUITE 240
FT. LAUDERDALE FL 33309-2188**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0405576

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDEN, JEFFREY M.
6600 N. ANDREWS AVE., SUITE 240
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LINDEN, JEFFREY M.	111 NW 104 TERR	CORAL SPGS FL 33071	<input type="checkbox"/>
D	PIETRI, CARLOS J	5570 NW 44 ST., APT. A103	LAUDERHILL FL 33319	<input type="checkbox"/>
D	MANCINI, ROBERT J	7 OLD TOWN RD.	N WALPOLE MA 02081	<input type="checkbox"/>
D	EQUITY TRUST (CURACAO) N.V.	SCARLOOWEG 81	CURACO NE	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
				<input 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"/>	<input type="checkbox"/>

3. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/00

954-776-1606