2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State G17042 **DOCUMENT #** 1. Entity Name SYLPAU CORPORATION 04-11-2002 90032 048 ***150 00 Principal Place of Business Mailing Address 1130 -102ND ST 1130 -102ND ST #3 BAY HARBOR FL 33154 BAY HARBOR FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2264177 Not Applicable Country. ____ .. Country_ Zip_____ \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, MURIEL Street Address (P.O. Box Number is Not Acceptable) 1130 -102ND ST #3 🥫 **BAY HARBOR FL 33154** Zip Code City FL 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 \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition PD TITLE ☐ Delete TITLE SMITH, MURIEL NAME NAME STREET ADDRESS 9511 COLLINS AVE., #604 STREET ADDRESS SURFSIDE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition PVD ☐ Delete TITLE LEFKOW, SYLVIA G. NAME STREET ADDRESS 9511 COLLINS AVE. STREET ADDRESS MIAMI BCH. FL ----CITY-ST-ZIP CITY-ST-ZIP_ ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR