

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90167 023 ***150.00

DOCUMENT # H32330

1. Entity Name
SYLVESTER CORPORATION

Principal Place of Business

2700 W ATLANTIC BLVD
 SUITE 200-34
 POMPANO BEACH FL 33069
 US

Mailing Address

2700 W ATLANTIC BLVD
 SUITE 200-34
 POMPANO BEACH FL 33069
 US

2. Principal Place of Business

11151 Heron Bay Blvd.

3. Mailing Address

P. O. Box 8357

Suite, Apt. #, etc.

#4416

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33076

Country

U S A

Zip

33075

Country

U S A

4. FEI Number

59-2478508

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

COHEN, MARVIN A.
 920 CORAL RIDGE DRIVE
 #102
 CORAL SPRINGS FL 33071

Name

Cohen, Marvin A.

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

11151 Heron Bay Blvd.

4416

City

Coral Springs,

FL

Zip Code

33076

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	COHEN, LOUISE	
STREET ADDRESS	2700 W ATLANTIC BLVD, SUITE 200-34	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COHEN, MARVIN A.	
STREET ADDRESS	2700 W ATLANTIC BLVD, SUITE 200-34	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Louise	
STREET ADDRESS	11151 Heron Bay Blvd. #4416	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Marvin A.	
STREET ADDRESS	11151 Heron Bay Blvd. #4416	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Secty/Treas.

4/16/01

954-227-9429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)