2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32330 1. Entity Name

SYLVESTER CORPORATION

| Principal Place of Business |
|-----------------------------|
| 2700 W ATLANTIC BLVD |
| SUITE 200-34 |
| POMPANO BEACH FL 33069 |
| |

Mailing Address

2700 W ATLANTIC BLVD

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

| 2. Principal Place of Business 1.1151 Her on Bay Blvd. P. O. Box 8357 Sun An H. etc. Sun Applied Fox Sun Appli | SUITE 200-34 POMPANO BEACH FL 33069 | SUITE 200-34 POMPANO BEACH FL 33069 | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Con 2 Springs FL City & State Coral Springs FL Springs S | | | 3357 | | | |
| Cry a Springs , FL | Suite, Apt. #, etc. | | <u> </u> | DO NOT WRITE IN THIS SPACE | | |
| Coral Springs FL Coral Springs FL Country 33076 Country 33076 Country 33075 Country 33075 Country 33075 Country 33076 Country 33075 Country 33075 Country 33076 Cohen, Maryin A. Stront Address of New Registered Agent Name and Address | | City & State | · · · · · · · · · · · · · · · · · · · | 4. FEL Number F0-2470F00 Applied | l For | |
| 8. Name and Address of Current Registered Agent COHEN, MARVIN A. 200 CORAL SPRINGS FL 33071 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 Florade. Signature, specific privature of ingeneral agent are the agestable. 11. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florade. Signature, specific privature of ingeneral agent are the agestable. 12. Coral Springs, FL Zip Code 330.76 8. This accordance in eligible to satisfy its ritangible Tax filling requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Election Campaign Financing Trust Fund Contribution. ARTHAM X1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Election Campaign Financing Trust Fund Contribution. 25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Election Campaign Financing Trust Fund Contribution. 26. Addition State Stat | | Coral Sprin | ngs, FL | 33 247 0300 | | |
| COHEN, MARVIN A. 920 CORAL RIDGE DRIVE #102 CORAL SPRINGS FL 33071 # 4416 City Coral Springs. FL Zip Code 330.76 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 Synther, typed or prived name of registered springs in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Synther, typed or prived name of registered springs are discretized. ONTE Registered Agent synther required even inhaustering After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State ON After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State ON STEEL NOWS: The Cohen, Louise This Cohen, Marvin A. STEEL NOWS: The Cohen, Louise This Poperation of Cohen, Marvin A. STEEL NOWS: The Cohen, Marvin A. STEEL NOWS: STEEL NOWS: STEEL NOWS: THE NOWS: STEEL | Zip Country U S A | | | | at | |
| COHEN, MARVIN A \$20 CORAL SPRINGS FL 33071 City Coral Springs, FL Zip Code Total Springs Zip Code To | 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | |
| # 402 CORAL SPRINGS FL 33071 Street Address FL Davis Number is Not Acceptable) Hull 6 Hull | COHEN MADVIN A | | | en, Marvin A. | | |
| # 1902 CORAL SPRINGS FL 33071 # 4416 City Coral Springs | · · | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| ECRAL SPRINGS FL 33071 City Coral Springs | #102 | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME COHEN, LOUISE STREET ADDRESS CITY-ST-2P COHEN, MARVIN A. TITLE STEET ADDRESS CITY-ST-2P TITLE OMANATIC BLVD, SUITE 200-34 STREET ADDRESS CITY-ST-2P Delete TITLE OPPOMPANO BEACH FL 33069 TITLE OHENDAND BEACH FL 33069 | CORAL SPRINGS FL 33071 | | | | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS IN THE POWN AND ADDITIONS COHEN, LOUISE TO OFFICERS AND DIRECTORS COHEN, LOUISE TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS COHEN, LOUISE TO OFFICE AND DIRECTORS COHEN, LOUISE TO OFFICE AND DIRECTORS COHEN, LOUISE TO OFFICE AND DIRECTORS COHEN, LOUI | | | | | | |
| Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution S-3.00 May Be Added to Fees | SIGNATURE Signature, typed or printed name of registered agent an | id title if applicable. (NOTE: F | Registered Agent signature requ | uired when reinstating) DATE | | |
| Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Saturation State State | 9. This corporation is eligible to satisfy its Intangible | FILE NOW!!! | FEE IS \$150.00 | 40 Floring Committee Committee AF 00 | | |
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| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3V(). Florida Statutes. I further certify that the information | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | □ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Change | Addition | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR