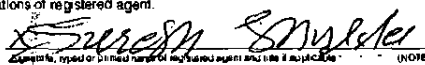
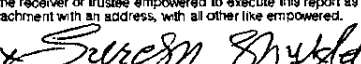


FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90144 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J75605			
1. Entity Name SYLVANA MOTEL INC.			
Principal Place of Business % HOLIDAY MOTEL 1104 S. FEDERAL HWY. HOLLYWOOD, FL 33020		Mailing Address % HOLIDAY MOTEL 1104 S. FEDERAL HWY. HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address 210 E. Fowler Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33612		05	
4. FEI Number 59-2807772 Applied For ☐ Not Applicable ☐			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHUKLA, SURESH 1104 S. FEDERAL HWY. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Shukla, Suresh Street Address (P.O. Box Number is Not Acceptable) 210 E. Fowler Avenue City Tampa FL Zip Code 33612	
B. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-1-03	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHUKLA, SURESH 1104 S. FED'L HWY. HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Shukla, Suresh 210 E. Fowler Avenue Tampa, FL 33612
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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 607, 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: 		DATE 4-1-03 813-983-7215	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CFR0304 (10/02)