

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90068 040 ***150.00

DOCUMENT # L18925

1. Entity Name

CYLSA, CORP.

Principal Place of Business

Mailing Address

~~5201 NW 64TH TERR~~
~~FT. LAUDERDALE FL 33308~~
 US

~~5201 NW 64TH TERR~~
~~LAUDERHILL FL 33319-7230~~
 US

2. Principal Place of Business

5100 N. OCEAN BLVD

3. Mailing Address

5100 N. OCEAN BLVD.

Suite, Apt. #, etc.

APT # 414

Suite, Apt. #, etc.

APT # 414

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE, FLORIDA

Zip

33308

Country

US

Zip

33308

Country

US

4. FEI Number

65-0267852

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

GUERINONI, CARLOS M.

Name

Guerinoni, Carlos M.

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

5100 N. Ocean Blvd. Apt # 414

City

Fort Lauderdale

FL

Zip Code
33308

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 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 **D** ☒ Delete
 NAME **GUERINONI, CARLOS M.**
 STREET ADDRESS ~~5201 NW 64TH TERR~~
 CITY-ST-ZIP ~~LAUDERHILL FL~~

TITLE **D** ☐ Change ☒ Addition
 NAME **GUERINONI, CARLOS M.**
 STREET ADDRESS **5100 N. OCEAN BLVD. APT # 414**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **D** ☒ Delete
 NAME **GUERINONI, BERTHA I.**
 STREET ADDRESS ~~5201 NW 64TH TERR~~
 CITY-ST-ZIP ~~LAUDERHILL FL~~

TITLE **D** ☐ Change ☒ Addition
 NAME **GUERINONI, BERTHA**
 STREET ADDRESS **5100 N. OCEAN BLVD. APT # 414**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Carlos M. Guerinoni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

(954) 788-8030

Daytime Phone #

CR2E034 (9/99)