

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

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90488 004 ***150.00

DOCUMENT # *M56990*
1. Entity Name *Sybil Todd Realty Inc* ✓

DO NOT WRITE IN THIS SPACE

869521

2. Principal Place of Business *18800 NW 2nd Ave* Suite, Apt. #, etc. *Suite 111*
3. Mailing Address *18800 NW 2nd Ave* Suite, Apt. #, etc. *Suite 111*

DO NOT WRITE IN THIS SPACE

City & State *Miami Fla* City & State *Miami Fla*
Zip *33169* Country *U.S.A.* Zip *33169* Country *U.S.A.*

4. FEI Number *59-294-1255* Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ (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.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME	<i>TODD SYBIL</i>
STREET ADDRESS	<i>18800 NW 2nd Ave Suite 111</i>
CITY-ST-ZIP	<i>Miami Fla 33169</i>
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sybil R. Todd* Date *05/30/02* Daytime Phone # *305-653-7250*