

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000014175**1. Entity Name  
**SIBILJA ENTERPRISES, INC.****FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90003 029 \*\*\*150.00

0025864 AV

Principal Place of Business  
**19295 NW 23RD PLACE**  
**PEMBROKE PINES FL 33029**Mailing Address  
**19295 NW 23RD PLACE**  
**PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEJ Number  
**65-0992230**Applied For  
☐ Not Applicable5. 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

**LOOMAR, L. GREGORY ESO**  
**1152 N UNIVERSITY DRIVE**  
**PEMBROKE PINES FL 33024**Name  
**CAROLYN MARICH**  
Street Address (P.O. Box Number is Not Acceptable)  
**19295 NW 23rd PL**  
City **Pembroke Pines** FL Zip Code **33029**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MARICH, CAROLYN**  
**19295 NW 23RD PLACE**  
**PEMBROKE PINES FL 33029** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment # P00000014175

A0080370 7-31-01

To: Fla. Department of State  
Division of Corporation

From: Sibilis Enterprises Inc.  
19295 NW 23 Place  
Pembroke Pines, FL 33029  
EIN # 65-0992230

Dear Sirs,

I am sending you this along with  
a check for \$150.00.

I never received the first bill  
I don't know if it was sent to  
my address or my agents but  
I never received it. I am trying  
very hard to comply with all  
the rules & regulations and would  
not have been late if I had  
received previous bill.

Thanking you in advance for your  
help in this matter

Carolyn Marich  
2001