

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

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 027 ***150.00

DOCUMENT # P00000052173
1. Entity Name
SYLVIA PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

44048204

2. Principal Place of Business
5609 CRANE RD.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE VILLAGE, FL
Zip
32904

City & State
City
Country

4. FEI Number
59-3649116
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
FERNANDO ORITZ
Street Address (P.O. Box Number is Not Acceptable)
5609 CRANE RD.
City
MELBOURNE VILLAGE FL Zip Code
32904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FERNANDO ORITZ (P)</u> <u>5609 CRANE RD</u> <u>MELBOURNE VILLAGE, FL 32904</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment

Sylvia Inc.

44048204
P0000052173

July 7th 2004

Division of Corporation
PO Box 6227
Tallahassee, FL 32314

RE: UBR for SYLVIA, INC.

To Whom It May Concern:

Please find enclosed a check in the amount of \$150.00 and information for my Uniform Business Report. I respectfully request your forbearance for my late filing, but I never received a reminder for my annual report.

I thank you for your help in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to be a stylized name with a long, sweeping flourish at the end.