

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000055950**

1. Entity Name  
 SYLENT EMPIRE ENTERPRISES, INC.

Principal Place of Business  
 6412 CASITAS CT #101  
 TAMPA FL 33634

Mailing Address  
 6412 CASITAS CT #101  
 TAMPA FL 33634

2. Principal Place of Business  
 6102 WEBB RD  
 Suite, Apt. #, etc.  
 APT 915

3. Mailing Address  
 P.O BOX 260745  
 Suite, Apt. #, etc.

City & State  
 TAMPA FL

City & State  
 TAMPA FL

4. FEI Number  
**59-3705868**  
 Applied For  
 Not Applicable

Zip Country  
 33615

Zip Country  
 33685

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

RODRIGUEZ DAVID M  
 6412 CASITAS CT #101  
 TAMPA FL 33634  
 US

Name  
 RODRIGUEZ DAVID M  
 Street Address (P.O. Box Number is Not Acceptable)  
 6102 WEBB RD  
 APT 915  
 City TAMPA FL Zip Code 33615

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 \_\_\_\_\_ DATE **04/28/2001**  
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, 2001 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	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ DAVID M	
STREET ADDRESS	6311 S. RENELLI CT.1	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	DPVT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ DAVID M	
STREET ADDRESS	6412 CASITAS CT #101	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ DAVID M	
STREET ADDRESS	6102 WEBB RD APT 915	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DPVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ DAVID M	
STREET ADDRESS	6192 WEBB RD APT915	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** RODRIGUEZ, DAVID M **CEO** **04/28/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)