

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90036 037 \*\*\*150.00

**DOCUMENT # P00000055950**  
 1. Entity Name  
**SYLENT EMPIRE ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**6102 WEBB RD**      **P.O BOX 260745**  
**APT 915**      **TAMPA FL 33685**  
**TAMPA FL 33615**



2. Principal Place of Business      3. Mailing Address  
**5110 MURRAY HILL DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**TAMPA, FLORIDA**  
 Zip      Country      Zip      Country  
**33615**      **USA**

4. FEI Number      Applied For  
**59-3705868**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, DAVID M**  
**6102 WEBB RD**  
**APT 915**  
**TAMPA FL 33615**

7. Name and Address of New Registered Agent  
 Name **Rodriguez, David M**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5110 Murray Hill Dr.**  
 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 *David M Rodriguez*      DATE **04-29-01**  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	DPVT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DAVID M	
STREET ADDRESS	6192 WEBB RD APT915	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DAVID M	
STREET ADDRESS	6102 WEBB RD APT 915	
CITY-ST-ZIP	TAMPA FL 33615	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, David M	
STREET ADDRESS	5110 Murray Hill Dr.	
CITY-ST-ZIP	Tampa, Florida 33615	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, David M	
STREET ADDRESS	5110 Murray Hill Dr.	
CITY-ST-ZIP	Tampa, Florida 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		

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: *David M Rodriguez*      DATE **04-29-02**      DAYTIME PHONE # **(813) 841-6559**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)