2001 UNIFORM BUSINESS REPORT (UBR)

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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

STEVEN J.

May 05, 2001 8:00 am Secretary of State DOCUMENT # P00000093528 SYLVESTER - VIOLA, INC. 05-05-2001 91105 031 ***150.00 Principal Place of Business Mailing Address 507 SOUTHARD STREET 507 SOUTHARD STREET KEY WEST FL 33040 KEY WEST FL 33040 04004U 2. Principal Place of Business 6368 RACEGH 3. Mailing Address 6368 RALEIGH ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u> 1811</u> 1811 City & State 4. FEI Number 65-1044818 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired ORANGE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ZANHI, STEVEN J. **PSD** TITLE ☐ Delete TITLE Addition ZANNI, STEVEN J NAME NAME 6368 RALEIGH ST. #1811 STREET ADDRESS **507 SOUTHARD STREET** STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP KEY WEST FL 33040 ORLANDO FL 32835 TITLE VTD ☐ Delete TITLE UTD Change ☐ Addition NAME LAMB, MONOCA G NAME iAMB, MONOCAG. 6368 RALEIGH ST. #1811 STREET ADDRESS **507 SOUTHARD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 OBLANDO FL 32835 THILE Delete TITL 6 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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