

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90170 012 ***150.00

DOCUMENT #	P01000041920
1. Entity Name	

SYROKOMLA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6783 SW 104TH STREET		3. Mailing Address 6783 SW 104th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PINECREST, FL		City & State Pinecrest, FL	
Zip 33156-3251	Country	Zip 33156-3251	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1097997		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Magdalena Grocholski
Street Address (P.O. Box Number is Not Acceptable)
6783 SW 104th Street

City
Pinecrest **FL** **Zip Code**
33156

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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WLODZIMIERZ GROCHOLSKI 6783 SW 104TH STREET PINECREST, FL 33156	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)(l), 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:

MAGDALENA GROCHOSKI

4/30/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-667-1699

Daytime Phone #