

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90476 023 \*\*\*150.00

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**DOCUMENT # P94000070815**

1. Entity Name  
**SYLLA, INC.**



Principal Place of Business  
**3415 FRONTAGE RD E.  
SUITE B  
TAMPA FL 33602-5446  
US**

Mailing Address  
**3415 FRONTAGE RD E.  
SUITE B  
TAMPA FL 33602-5446  
US**

00043000



2. Principal Place of Business  
**505 N. Reo Street**

Suite, Apt. #, etc.  
**Suite 109**

City & State  
**Tampa, Florida**

Zip  
**33609**

Country  
**US**

3. Mailing Address  
**505 N. Reo Street**

Suite, Apt. #, etc.  
**Suite 109**

City & State  
**Tampa, Florida**

Zip  
**33609**

Country  
**US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3270027**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SYLLA, CHEIKH T  
3415 FRONTAGE ROAD EAST  
STE B  
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **Sylla Cheikh**  
Street Address (P.O. Box Number is Not Acceptable)  
**505 N. Reo Street  
Suite 109  
Tampa** FL Zip Code **33609**

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 **Cheikh T. Sylla**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **D** ☐ Delete  
NAME **SYLLA, CHEIKH T**  
STREET ADDRESS **3415 FRONTAGE RD E. STE., B**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ Delete  
NAME **SYLLA, CYNETTE D**  
STREET ADDRESS **3415 FRONTAGE RD E. STE., B**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Sylla Cheikh, T**  
STREET ADDRESS **505 N. Reo Street, Suite 109**  
CITY-ST-ZIP **Tampa, Florida 33609**

TITLE **D** ☒ Change ☐ Addition  
NAME **Sylla Cynette D**  
STREET ADDRESS **505 N. Reo Street, Suite 109**  
CITY-ST-ZIP **Tampa, Florida 33609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE: **Cheikh T. Sylla**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (10/02)