

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012638

1. Entity Name

SYLIO INTERNATIONAL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90034 002 ***150.00

Principal Place of Business

Mailing Address

2172 N.W. 26TH AVE.
MIAMI FL 33142

2172 N.W. 26TH AVE.
MIAMI FL 33142-7125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2172 N.W. 26th Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 35-2500

Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33142

Country U.S.A

City & State

Miami, FL

Zip 33135

Country

4. FEI Number

65-0674404

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LICEA, LISETTE M
2172 N.W. 26TH AVE.
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

SYLIO

Street Address (P.O. Box Number is Not Acceptable)

2172 NW 26th Ave

City

Miami

FL

Zip Code

33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	LICEA, LISETTE	
STREET ADDRESS	2172 N.W. 26TH AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

LiSETTE M LICEA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

305 634-5597

Daytime Phone #