


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-08-2003 90324 026 ***558.75

0025147 AV

DOCUMENT # P97000067593	
1. Entity Name SY-LO ENTERPRISES CORP.	

Principal Place of Business 1010 HARRISON ST. SUITE 201 HOLLYWOOD FL 33020 US	Mailing Address 1910 HARRISON ST. SUITE 201 HOLLYWOOD FL 33020 US
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2. Principal Place of Business 900 South Fed. Hwy Suite Apt. #, etc. Suite B City & State Hollywood, FL Zip 33020 Country USA	3. Mailing Address 900 So. Federal Highway Suite Apt. #, etc. Suite B City & State Hollywood, FL 33 Zip 33020 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0772771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, AMY ESQ DUKE, MULLIN & GALLOWAY, P.A. 1700 EAST LAS OLAS BLVD., PH-1 FT LAUDERDALE FL 33301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

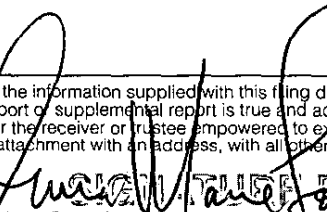
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, EMMA M PO BOX 014059 MIAMI FL 33101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 South Federal Hwy. Ste B Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIAM-ECK, ELDRYS PO BOX 014059 MIAMI FL 33101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 South Federal Hwy. Ste B Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:  **EMMA MARIE LOPEZ** 02003 9549257647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)