2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State 04-23-2003 90277 008 ***150.00

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DOCUMENT #	P98000023074

1. Entity Name

SYLVESTRE ENTERPRISES, INC.

Principal Place of Business 9600 HOLLYBROOK LAKE Mailing Address

9800 HOLLYBROOK LAKE

PEMBROKE I	PINES FL 33025	PEMBROKE PINES FL 3303	25		•					
2 Principal	Place of Business	1 9 Mailing Address								
4600 Suite, Apt	Place of Business SW 151 WAY #, etc.	3. Mailing Address 400 SU Suite, Apt. #, etc.	151W	ja	, 					•
``					٠ '	CHECK HERE	IF MAKIN	G CHANGES		
City & Sta	arrar	City Start (COM	ur, 7-1	4	. FEI Number	NOT APPLI	CABLE	N	pplied For ot Applicable	
33	2017 Country	33207	Country		. Certificate of S			\$8.75 Ad Fee Require		
	6. Name and Address of Current F	Registered Agent	Notice -	7.	Name and Ad	dress of New F	legistered	Agent		4.
SYLVESTI	RE, RENEE		Name Street Add	44		ayn	PST	<u>e</u> _		<u> </u> ^
9800 HOL	LLYBROOK LAKE		Succes		Box Number is		"U	$\mathcal{I}U$		1
PEMBRO	KE PINES FL 33025	•						7		7
			City	IVC	im	/	FL	ZiEQ	PX 20.	7
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered a	igent, or both, in	the State of Flo		familiar with.	and accept	1
the obligat	tions of registered agent.	, ,			1					
	Range Sulvesta	- -			,					1
SIGNATURE .	Signature, typed or printed from of registered agent an	d title if applicable. (NOTE: I	Registered Agent signature	mounted when	reinstating)		DATE			
	Signature, typed or printed of the of registered agent an	d title if applicable. (NOTE: I	Registered Agent signature	• miguined when	reinstating)		DATE			-
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12. Thereby 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.

NAME STREET ADORESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED KANG GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Westre 5-7-03 (954-447-1955

☐ Change

☐ Change

■ Addition

Addition