

# 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

**DOCUMENT # P98000023074**

1. Entity Name  
**SYLVESTRE ENTERPRISES, INC.**



Principal Place of Business  
**9800 HOLLYBROOK LAKE  
PEMBROKE PINES FL 33025**

Mailing Address  
**9800 HOLLYBROOK LAKE  
PEMBROKE PINES FL 33025**

**55039760**



2. Principal Place of Business  
**4600 SW 151 WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**4600 SW 151 WAY**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miramar, FL**  
Zip  
**33007** Country

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**33007** Country

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SYLVESTRE, RENEE  
9800 HOLLYBROOK LAKE  
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent  
Name **Renée Sylvestre**  
Street Address (P.O. Box Number is Not Acceptable)  
**4600 SW 151 Way**  
City **Miramar** FL Zip **33007**

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 **Renée Sylvestre**  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D.</b>	<input type="checkbox"/> Delete
NAME	<b>SYLVESTRE, RENEE</b>	
STREET ADDRESS	<b>9800 HOLLYBROOK LAKE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Renée Sylvestre</b>	
STREET ADDRESS	<b>4600 SW 151 Way</b>	
CITY-ST-ZIP	<b>Miramar, FL 33007</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: **SIGNATURE REQUIRED Renée Sylvestre, 5-7-03 (954-HA7-1955)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)