

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044339

1. Entity Name

SYLVIO PERDOMO, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90180 037 ***150.00

Principal Place of Business

4670 PEMBROOK PL
ORLANDO FL 32811
US

Mailing Address

C/O WILLIAM M. PAVLOV, P.A.
633 N.E. 167TH STREET, SUITE 701
N. MIAMI BEACH FL 33162-2445

2. Principal Place of Business

350 CROSSINGS BLVD

3. Mailing Address

350 CROSSINGS BLVD

Suite (Apt. #), etc.

809

Suite (Apt. #), etc.

809

City & State

ORANGE PARK, FL.

City & State

ORANGE PARK, FL.

4. FEI Number

31-1610844

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERCOMO, SYLVIO

4670 PEMBROOK PLACE 350 CROSSINGS BLVD #809
ORLANDO FL 32811 ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name PERDOMO, SYLVIO

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

350 CROSSINGS BLVD APT. 809

City

ORANGE PARK,

FL

Zip Code

32073

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

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

TITLE PD
NAME PERDOMO, SYLVIO
STREET ADDRESS 633 N.E. 167TH STREET, SUITE 701 350 CROSSINGS BLVD #809
CITY-ST-ZIP N. MIAMI BEACH FL 33162 ORANGE PARK, FL 32073

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE VPD
NAME BECERRA, MARIA TERESA
STREET ADDRESS 633 N.E. 167TH STREET, SUITE 701 350 CROSSINGS BLVD #809
CITY-ST-ZIP N. MIAMI BEACH FL 33162 ORANGE PARK, FL 32073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00. (904) 278-6627

CR2E034 (9/99)