

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90031 033 ***550.00

DOCUMENT # P99000019065

1. Entity Name
SYA PRESS, INC.

Principal Place of Business
**1401 NW 9TH AVENUE
BOCA RATON FL 33486**

Mailing Address
**1401 NW 9TH AVENUE
BOCA RATON FL 33486**

2. Principal Place of Business
621 NW 53rd Street
Suite, Apt. #, etc.
Suite 240
City & State
Boca Raton, FL
Zip
33487 Country
USA

3. Mailing Address
621 NW 53rd Street
Suite, Apt. #, etc.
Suite 240
City & State
Boca Raton, FL
Zip
33487 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0908226 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WALSER, THOMAS C ESQ.
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent
Name
Michael M. Pantori, Jr. CPA
Street Address (P.O. Box Number is Not Acceptable)
190 SE 19th Avenue
City
Pompano Beach FL Zip Code
33060

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 **Michael M. Pantori, Jr.** **Michael M. Pantori, Jr. CPA** 7/19/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D EIDELSON, STEWART C/O 7015 BERACASA WAY #201 BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 621 NW 53rd Street, Suite 240 Boca Raton, FL 33487
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
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
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

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 REQUIRED** **7/19/00** **561-995-1437**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)