

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000028181**

1. Entity Name

SYLORS CORP.**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90079 023 ***150.00

Principal Place of Business

10200 NW 25 STREET STE A-109
MIAMI FL 33172

Mailing Address

10200 NW 25 STREET STE A-109
MIAMI FL 33172-5921

2. Principal Place of Business

10200 NW 25 STREET

Suite, Apt. #, etc.

109A.

3. Mailing Address

10200 NW 25 STREET.

Suite, Apt. #, etc.

109A.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

650914193

Applied For

Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, BENNETT G
2655 LEJEUNE ROAD STE 508
CORAL GABLES FL 33134

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CABRICES, OSCAR**
STREET ADDRESS **10200 NW 25 STREET STE A-109**
CITY-ST-ZIP **MIAMI FL 33172**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **OSCAR CABRICES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

305-436-9584

Daytime Phone #