

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90095 001 ***150.00

0057968 AV

DOCUMENT # P99000028181

1. Entity Name
SYLORS CORP.



Principal Place of Business
10200 NW 25 STREET
109A
MIAMI FL 33172
US

Mailing Address
10200 NW 25 STREET
109A
MIAMI FL 33172
US



2. Principal Place of Business
8000 NW 31 STREET
Suite, Apt. #, etc.
13

3. Mailing Address
8000 NW 31 STREET
Suite, Apt. #, etc.
13

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0914193**

Applied For
☐ Not Applicable

Zip
33122

Country
US

Zip
33122

Country
US

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 ☐ Delete
NAME **D CABRICES, OSCAR**
STREET ADDRESS **10200 NW 25 STREET STE A-109**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8000 NW 31 STREET STE 13**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

OSCAR CABRICES 7/22/03 (305) 436-9584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



Attachment
10110449
P99000028181

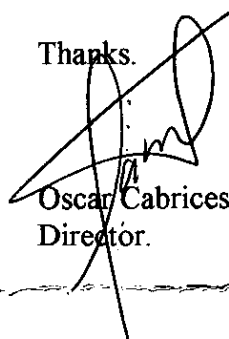
Miami, July 22, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings

To Whom It May Concern:

This letter has the purpose to inform you that we never received the First Uniform Business Report Form. We just received in our mail the second form with the late fee notice that we are suppose to pay. We assumed that we never received the first form due to the fact that we moved. Our new mailing address is in the form. We hope you understand this situation, and along with this letter is the completed form with our \$150.00 check.

Thanks.


Oscar Cabrices
Director.

SYLORS CORP
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Suite 13 Miami, FL 33122
Telf. : 305-436-9584 Fax: 305-436-9585
E-mail: oscar@sylors.com
www.sylors.com