

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057291

1. Entity Name

SYLVIO'S TRAFFIC SCHOOL, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90108 001 *****8.75
 05-11-2000 90108 002 ***150.00

Principal Place of Business Mailing Address
 7455 COLLINS AVENUE, SUITE 206 7455 COLLINS AVENUE, SUITE 206
 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-2779

2. Principal Place of Business 3. Mailing Address
 SAME AS ABOVE SAME AS ABOVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0930068 Applied For Not Applicable

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

VALENCIA, GUILLERMO
 7455 COLLINS AVENUE, SUITE 206
 MIAMI BEACH FL 33141

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D-	VALENCIA, GUILLERMO	7455 COLLINS AVENUE, SUITE 206	MIAMI BEACH FL 33141	<input type="checkbox"/>
D	DAGOBERTO FRANCO JR.	7455 COLLINS AVE, SUITE #206	MIAMI BEACH FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the report as required by Chapter 689, 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: Dagoberto Franco Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/25/2000 Daytime Phone # (305) 865-7770

DAGOBERTO FRANCO JR.

CR2E034 (9/99)