

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

02/4/03  
AV

**DOCUMENT # P99000057291**



1. Entity Name  
**SYLVIO'S TRAFFIC SCHOOL, INC.**

03-24-2003 90164 027 \*\*\*158.75

Principal Place of Business  
**7455 COLLINS AVENUE, SUITE 206  
MIAMI BEACH FL 33141**

Mailing Address  
**7455 COLLINS AVENUE, SUITE 206  
MIAMI BEACH FL 33141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0930068**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VALENCIA, GUILLERMO</b>
STREET ADDRESS	<b>7455 COLLINS AVENUE, SUITE 206</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DAGOBERTO, FRANCO JR</b>
STREET ADDRESS	<b>7455 COLLINS AVE STE 206</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Guillermo Valencia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03 301-966623  
Date Daytime Phone #

CR2E034 (10/02)