

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90069 017 ***150.00

DOCUMENT # S18232

1. Entity Name
STY ENTERPRISES, INC.



Principal Place of Business
**2014 NE 155 STREET
MIAMI FL 33162
US**

Mailing Address
**2014 NE 155 STREET
MIAMI FL 33162
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0235351**

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

**RODRIGUES, SILVANA A
1030 STILLWATER DR
MIAMI BCH 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 *[Signature]*
Signature, typed or printed name of registered agent, and title if applicable.

VICE PRESIDENT

Jan 28, 03
DATE

(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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P RODRIGUES, ROBERTO DE A	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 1030 STILLWATER DR		STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL		CITY-ST-ZIP	
NAME D RODRIGUES, SILVANA A	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 1030 STILLWATER DR		STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RODRIGUES PRESIDENT**

1/28/03 305) 9471999
Date Daytime Phone #

CR2E034 (10/02)