

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 589626

1. Entity Name

Sylvaneco REALTY Corp.

Principal Place of Business

Mailing Address

2933 SW 22nd Circle 30-B
Delray Beach, FL 33445

2. Principal Place of Business

3. Mailing Address

3251 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33431

USA

4. FEI Number

65-0309300

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

Mark Sylvanovich
2955 SW 22nd Avenue #201
Delray Bch, FL 33445

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: President
NAME: Mark Sylvanovich
STREET ADDRESS: 2933 SW 22nd Circle 30-B
CITY-ST-ZIP: Delray Bch, FL 33445 ☐ Delete

TITLE: President
NAME: Mark Sylvanovich
STREET ADDRESS: 2955 SW 22nd Avenue #201
CITY-ST-ZIP: Delray Beach, FL 33445 ☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Sylvanovich

Date

Daytime Phone #

5-2-00 561 2767423

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90106 045 ***150.00

B0101677

DO NOT WRITE IN THIS SPACE