2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # V16434

1. Entity Name	•	•	_	. •	•	
SYLVIA'S INC.						



Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90025 013 ***150.00

FILED

Principal Place of Business 5004 ALHAMBRA CIRCLE

CORAL GABLES FL 33146

2. Principal Place of Business

CORAL GABELS FL 33146

Mailing Address P.O. BOX 140546 CORAL GABLES FL 33114

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

4. FEI Number 65-0364971 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

VIYELLA, SYLVIA 5004 ALHAMBRA CIR.

Street Address (P.O. Box Number is Not Acceptable)

City

Name

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS (CHANGES TO DEFICEDS AND DIDECTORS IN A

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

	FILE NOW!!!	FEE: IS \$150.00				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						

OFFICERS AND DIRECTORS

	5.7.455.15.77.15		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete VIYELLA, SYLVIA 5004 ALHAMBRA CIR. CORAL GABLES FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 applicable, with all other like empowered.

CR2E034 (10/02)