2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 599054

1. Entity Name

SILCO BRUSH MANUFACTURING CO., INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-1866522	Applied For / Not Applicable
Zip	Country	Zip	Country	**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
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI FL 33145	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 _____ AMADA CANTERA LOPEZ, PRES.   3/9/00

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 **SD** NAME **BEHMOIRAS, JAIME** STREET ADDRESS **7501 CENTER BAY DR.** CITY-ST-ZIP **N. BAY VILLAGE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003174402--0 -03/17/00--01073--001 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE **PD** NAME **BEHMOIRAS, MOISES** STREET ADDRESS **5660 COLLINS AVE.,#21-C** CITY-ST-ZIP **MIAMI BEACH FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____   3/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

MOISES BEHMOIRAS, PRES.