

2002 UNIFORM BUSINESS REPORT (UBR)

0235967 AV

DOCUMENT # 599054

1. Entity Name
SILCO BRUSH MANUFACTURING CO., INC.

FILED
02 APR 19 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2300 CORAL WAY SUITE 200 MIAMI FL 33145**

Mailing Address: **2300 CORAL WAY SUITE 200 MIAMI FL 33145**

2. Principal Place of Business: **2300 Coral Way**

3. Mailing Address: **2300 Coral Way**

Suite, Apt. #, etc.: **Suite # 200**

City & State: **Miami, Florida**

City & State: **Miami, Florida**

4. FEI Number: **59-1866522**

Applied For: Not Applicable

Zip: **33145** Country: **US**

Zip: **33145** Country: **US**

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

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

7. Name and Address of New Registered Agent

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, President** DATE: **3/28/02**

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

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, 2002 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

TITLE NAME	SD BEHMOIRAS, JAIME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7501 CENTER BAY DR. N. BAY VILLAGE FL	
TITLE NAME	PD BEHMOIRAS, MOISES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5660 COLLINS AVE., #21-C MIAMI BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	500005315355-2 -04/22/02--01120--031 ****150.00 ****150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: **REQUIRED** DATE: **3/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)