

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90001 019 \*\*\*150.00

DOCUMENT # **P00000043023** *N/C AM*

1. Entity Name  
**6075-CORPORATION**  
**DA SILVA PROPERTIES CORP.**

Principal Place of Business Mailing Address  
**P O BOX 165539 MIAMI FL 33116-5539** **P O BOX 165539 MIAMI FL 33116-5539**

2. Principal Place of Business Suite, Apt. #, etc.  
**Suite, Apt. #, etc.**

3. Mailing Address Suite, Apt. #, etc.  
**Suite, Apt. #, etc.**

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
**65-1158390**  
**65-1158390**

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GROSSMAN, JEROME**  
**2780 S.W. 37 AVENUE**  
**SUITE 205**  
**MIAMI FL 33133**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 STREET ADDRESS CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>DA SILVA, SALUSTIANA</b><br><b>2780 S.W. 37 AVENUE, SUITE 205</b><br><b>MIAMI FL 33133</b> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>DA SILVA, ELIDIA H</b><br><b>2780 S.W. 37 AVENUE, SUITE 205</b><br><b>MIAMI FL 33133</b>   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>DA SILVA, ALFREDO</b><br><b>2780 S.W. 37 AVE., SUITE 205</b><br><b>MIAMI FL 33133</b>      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <b>S</b> <input type="checkbox"/> Delete<br><b>GROSSMAN, JEROME</b><br><b>2780 S.W. 37 AVE., SUITE 205</b><br><b>MIAMI FL 33133</b>       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DA SILVA, ALVARO A.</b><br><b>2780 S.W. 37 AVENUE, SUITE 205</b><br><b>MIAMI FL 33133</b> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> 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 the like empowered.

SIGNATURE: \_\_\_\_\_ **03/19/02 (305) 662-6772**