

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080359

1. Entity Name

SILVERLINE TECHNOLOGIES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90046 049 ***150.00

Principal Place of Business

6421 S.W. 43RD STREET
MIAMI FL 33155
US

Mailing Address

6421 S.W. 43RD STREET
MIAMI FL 33155-5134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0699265

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERIO, ABNER
5921 SW 46TH TER.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: Silverio, Abner
Street Address (P.O. Box Number is Not Acceptable): 6421 SW 43 Street
City: Miami FL Zip Code: 33155

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SILVERIO, ABNER	
STREET ADDRESS	6421 S.W. 43RD STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SILVERIO, ABNER	
STREET ADDRESS	5921 SW 46TH TER.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SILVERIO, ABNER	
STREET ADDRESS	5921 SW 46TH TER.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SILVERIO, NORKA	
STREET ADDRESS	6421 S.W. 43RD STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)