

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90072 034 \*\*\*150.00

02020202 AV

**DOCUMENT # M44031**



1. Entity Name  
**SILVERLANE REALTY, INC.**

Principal Place of Business  
**% BARRY SILVERMAN**  
**19553 NE 37TH AVE**  
**NO. MIAMI BEACH FL 33180**

Mailing Address  
**% BARRY SILVERMAN**  
**19553 NE 37TH AVE**  
**NO. MIAMI BEACH FL 33180**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2344645**

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

**SILVERMAN, BARRY M**  
**19553 NW. 37TH AVENUE**  
**AVENTURA FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SILVERMAN, BARRY</b>	
STREET ADDRESS	<b>19953 N.E. 37TH AVE.</b>	
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>WENDER, STEPHEN</b>	
STREET ADDRESS	<b>19553 N.E. 37TH AVE</b>	
CITY-ST-ZIP	<b>N.MIAMI BCH. FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SILVERMAN, ALVIN</b>	
STREET ADDRESS	<b>19553 N.E. 37TH AVE</b>	
CITY-ST-ZIP	<b>N.MIAMI BCH. FL</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 the address, with all other like empowered.

SIGNATURE:

*SILVERMAN, BARRY M*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*1/6/03*  
Date

*305-705-0026*  
Daytime Phone #

CR2034 (1/07/02)