

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90029 019 ***150.00

A0009782



DO NOT WRITE IN THIS SPACE

DOCUMENT # 631516

1. Entity Name

SILVESTRI CORPORATION

Principal Place of Business

Mailing Address

449 NE 24 ST
 MIAMI FL 33137

449 NE 24 ST
 MIAMI FL 33137-4708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1973693

Applied For

Not Applicable

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

SILVESTRI, CARMELA
449 NE 24TH STREET
MIAMI FL 33137

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P SILVESTRI, GIOVANNI	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 449 NE 24 ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME ST SILVESTRI, CARMELA	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 449 NE 24 ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33137		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

Carmela Silvestri Secretary/Treasurer 305-5735860

CR2E034 (9/99)