2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001683

1. Entity Name

SILBERMAN ENTEPRISES, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90178 049 ***150.00

0393576   AV

Principal Place of Business	Mailing Address
23976 LYMAN BLVD. CLEVELAND OH 44122	23976 LYMAN BLVD. CLEVELAND OH 44122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
1180 LANDS END ROAD	1180 LANDS END ROAD		
Suite, Apt. #, etc. HYPOLUXO ISLAND	Suite, Apt. #, etc. HYPOLUXO ISLAND		
City & State LANTANA FL	City & State LANTANA FL	4. FEI Number 34-0529890	Applied For Not Applicable
Zip 33462 Country U.S.A	Zip 33462 Country U.S.A	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
SILBERMAN, LYN H 1180 LANDS END ROAD HYPOLUXO FL 33462	Name SILBERMAN, LYN H. Street Address (P.O. Box Number is Not Acceptable) 1180 LANDS END ROAD HYPOLUXO ISLAND City LANTANA FL Zip Code 33462

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 _____   1-16-02
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, 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD SILBERMAN, LYN H 23976 LYMAN BLVD CLEVELAND OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD SILBERMAN, LYN H. 1180 LANDS END ROAD, HYPOLUXO ISLAND LANTANA, FL 33462	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (9/01)

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: _____   1-16-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #