

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90304 044 ***150.00

DOCUMENT # F20797

1. Entity Name

SILREB HOLDINGS, INC.

Principal Place of Business

101 SE 6TH AVE
C/O ROBERT A KELLY, CPA
DELRAY BCH FL 33483

Mailing Address

101 SE 6TH AVE
C/O ROBERT A KELLY, CPA
DELRAY BCH FL 33483

2. Principal Place of Business

3. Mailing Address

ROBERT A. KELLY, CPA
505 SE 1ST AVENUE
BOYNTON BEACH, FL 33435
TEL. (561) 737-3008

ROBERT A. KELLY, CPA
505 SE 1ST AVENUE
BOYNTON BEACH, FL 33435
TEL. (561) 737-3008

Zip

Country

Zip

Country

4. FEI Number

59-2061954

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

STRAWN, JOEL T.
54 NE 4TH AVENUE
DELRAY BEACH FL 33483

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, 2001 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
DPS
BERLIS, HILDA
1 SUNCREST DRIVE
DON MILLS, ONT, CANO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT A. KELLY, CPA
505 SE 1ST AVENUE
BOYNTON BEACH, FL 33435
TEL. (561) 737-3008 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
KELLY, ROBERT A
101 SE 6TH AVENUE
DELRAY BCH, FLORIDA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
VANDERBURGH, WILLIAM G.
5 BRYCE AVENUE
TORONTO ON ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
BEAL, JAMES N.
44A MAPLE AVE.
TORONTO ON ☐ Delete

TITLE
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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. 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.

James N. Beal, Assistant Secretary & Director

SIGNATURE:

Signature and typed name of person signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)