

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90007 039 ***150.00

0573712

DOCUMENT # F98000007080

1. Entity Name
SILVANIA RESOURCES, INC.

Principal Place of Business Mailing Address
 70 HILLTOP RD. SUITE 2100 70 HILLTOP RD. SUITE 2100
 RAMSEY NJ 07446 RAMSEY NJ 07446

2. Principal Place of Business 3. Mailing Address
138 AIRMOUNT RD **138 AIRMOUNT RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MAHWAH, NJ **MAHWAH, NJ**
 Zip Country Zip Country
07430 **USA** **NJ-07430** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3096554 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
THILEN, NICHOLAS Name **THILEN, NICHOLAS**
 10148 NW 66TH DR Street Address (P.O. Box Number is Not Acceptable)
 POMPANO BEACH FL 33076 **10148 NW 66TH DRIVE**
 City **PARKLAND** FL Zip Code **33076**

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 **NICHOLAS THILEN** DATE **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THILEN, NICHOLAS		NAME	THILEN, NICHOLAS	
STREET ADDRESS	10148 NW 66TH DR		STREET ADDRESS	10148 NW 66TH DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33076		CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **NICHOLAS THILEN** DATE **4/27/01** DAYTIME PHONE **757-3125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)