

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90038 014 \*\*\*150.00

**DOCUMENT # G72932**

1. Entity Name

**SILE SOLE, INC.**

Principal Place of Business

**2520 NW 16 LN  
 STE 4  
 POMPANO BEACH FL 33064  
 US**

Mailing Address

**P O BOX 50258  
 LIGHTHOUSE POINT FL 33064  
 US**

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2520 N.W. 16 LN.**

3. Mailing Address

**P.O. BOX 50258  
 LIGHTHOUSE POINT, FL**

Suite, Apt. #, etc.

**SUITE 4**

Suite, Apt. #, etc.

City & State

**POMPANO BEACH, FL**

City & State

**LIGHTHOUSE POINT, FL**

Zip

**33064**

Country

Zip

**33074**

Country

**U.S.A.**

4. FEI Number

**59-2364049**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SINOVCIC, ANTE**

**2124 N.E. 44 STREET**

**LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

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]*

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

TITLE **P** ☐ Delete  
 NAME **SINOVCIC, ANTE**  
 STREET ADDRESS **3349 N.E. 30TH AVE**  
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **V** ☐ Delete  
 NAME **SINOVCIC, ANTHONY JR.**  
 STREET ADDRESS **905 SE 14TH CT**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **ST** ☐ Delete  
 NAME **SINOVCIC, MARC ANTHONY**  
 STREET ADDRESS **2124 N.E. 44 STREET**  
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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]* **ANTE SINOVCIC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02 (954) 970-3393**

Date

Daytime Phone #

CR2E034 (9/01)