

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90007 017 *****50.00

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DOCUMENT # L01000010421

1. Entity Name

SCUDERIA SILVESTRI, L.C.

Principal Place of Business

**5073 S.W. QUAIL HOLLOW STREET
 PALM CITY FL 34990**

Mailing Address

**5073 S.W. QUAIL HOLLOW STREET
 PALM CITY FL 34990**

80039485

2. Principal Place of Business

5073 S.W. QUAIL HOLLOW ST

3. Mailing Address

5073 S.W. QUAIL HOLLOW ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY FL.

City & State

PALM CITY FL.

Zip **34990**

Country **USA**

Zip **34990**

Country **USA**

4. FEI Number

65-1124743

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SOPKO, JAMES
 853 S.E. MONTEREY COMMONS BLVD.
 STUART FL**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
 NAME **SILVESTRI, CHRISTOPHER**
 STREET ADDRESS **5073 S.W. QUAIL HOLLOW STREET**
 CITY-ST-ZIP **PALM CITY FL 34990**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/27/2002 561-287-5306

CR2E083 (9/01)