2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61492

1. Entity Name

SILVAIRING. Principal Place of Business Mailing Address 7126 NW 50TH ST. 7126 NW 50TH ST. MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0242257 Not Applicable Country *** \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVA, IRVING J Street Address (P.O. Box Number is Not Acceptable) 7126 NW 50TH ST. **MIAMI FL 33166** City 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. I am familiar with, and accept 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F **DPT** TITLE ☐ Delete Change Addition NAME SILVA, IRVING J NAME STREET ADDRESS 7126 NW 50TH ST. STREET ADDRESS CITY-ST-ZIF **MIAMI FL 33166** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SILVA, CLELIA NAME STREET ADDRESS 7126 NW 50TH_ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition SILVA, IRVING M NAME STREET ADDRESS 7126 NW 50 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition NAME SILVA, KAREN M NAME STREET ADDRESS 7126 NW 50 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS

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

07-11-2002 90253 013 ***150.00

13. Thereby 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 at

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P



Silvair Inc.

Radio Communication - Dispatch Services

#66/492

July 05, 2002

Division of Corporations Uniform Business Report filings P O Box 1500 Tallahassee, Fla. 32302-1500

Dear Sir:

By mean of this letter I would like to appeal, for the annual fee of the corporation. On July 3, 2002, I received the bill for the corporation, for the first time, realizing that the fee was never paid before due to, that we never received the first business report. In the past years I have sent it on time. Please take this mistake in consideration and let me pay the initial amount. We are a small business and the amount of \$550.00 is too big for us.

Attached please find check no. 4782 for the amount of \$150.00.

Thank you very much for your attention.

Sincerely,

V. President