

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000567

1. Entity Name

SILA COMMERCIAL REALTY, L.C.

Principal Place of Business

5757 COLLINS AVE., APT. 1701  
MIAMI BEACH FL 33140

Mailing Address

5757 COLLINS AVE., APT. 1701  
MIAMI BEACH FL 33140-2306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0598700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILA, CARLOS S  
5757 COLLINS AVE., APT. 1701  
MIAMI BEACH FL 33140

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS SILA, CARLOS S  
CITY-ST-ZIP 5757 COLLINS AVE., APT. 1701  
MIAMI BEACH FL 33140 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP **7000003273587-3**  
**-06/01/00-010-00-012** ☐ Addition  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME MGR  
STREET ADDRESS ADRIANI, GRAZIA T  
CITY-ST-ZIP 5757 COLLINS AVE., APT. 1701  
MIAMI BEACH FL ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 or 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 OR MANAGER

Date

Daytime Phone #

4/29/00

(308) 861-3767

CR2E083 (9/99)