

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51516

1. Entity Name

SILMOR INC.

Principal Place of Business

C/O IAN D. SILVERMAN
420 LINCOLN ROAD #222
MIAMI BEACH FL 33139

Mailing Address

C/O IAN D. SILVERMAN
420 LINCOLN ROAD #222
MIAMI BEACH FL 33139-3009

2. Principal Place of Business

3. Mailing Address

3801 NE 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL 33137

Zip

Country

Zip

Country

4. FEI Number

59-2801856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, IAN D.
420 LINCOLN ROAD #222
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

SILVERMAN, IAN D.

Street Address (P.O. Box Number is Not Acceptable)

3801 NE 1st Ave

City

Miami

FL

Zip Code

33137

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD.
SILVERMAN, IAN D.
420 LINCOLN RD #222
MIAMI BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD.
SILVERMAN, IAN D.
3801 NE 1st Ave
Miami, FL 33137 ☐ Change ☐ Addition

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

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

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/2000

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90129 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)