

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51516

1. Entity Name
SILMOR INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90448 009 ***150.00

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

817642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3801 NE 1st Ave

3. Mailing Address

P.O. Box 403488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami Beach, FL

4. FEI Number 59-2801856

Applied For

Not Applicable

Zip

33137-3605

Country

U.S.A.

Zip

33140-1488

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERMAN, IAN D.

420 LINCOLN ROAD #222 P.O. Box 403488

MIAMI BEACH FL 33139 33140-1488

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SILVERMAN, IAN D.	
STREET ADDRESS	420 LINCOLN RD #222 3801 NE 1st Ave	
CITY-ST-ZIP	MIAMI BEACH FL 33139-3605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)