

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90117 018 \*\*\*150.00

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**DOCUMENT # M67553**

1. Entity Name

J.F. SILVA CONSTRUCTION, INC.



Principal Place of Business

6845 PEMBROKE RD  
PEMBROKE PINES FL 33023  
US

Mailing Address

6845 PEMBROKE ROAD  
PEMBROKE PINES FL 33023  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 290057

P.O. Box 290057

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL 33

City & State

DAVIE, FL

Zip

Country

Zip

Country

33329-0057

33329-0057

USA

4. FEI Number

65-0026927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, JOSEPH F., JR.

11590 S.W. 25TH STREET 4801 SW 111TH TERRACE  
DAVIE FL 33325 Fort Lauderdale, FL 33328

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, JOSEPH F.	
STREET ADDRESS	4801 SW 111TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

(954) 985-0203

CR2E034 (10/02)