

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 12, 2001 8:00 am
Secretary of State

02-12-2001 90238 046 ****61.25

DOCUMENT # N00000008496
 1. Entity Name
GLORIA M. SILVERIO FOUNDATION, INCORPORATED

Principal Place of Business Mailing Address
 6801 NW 77TH AVE. STE. 404 6801 NW 77TH AVE. STE. 404
 MIAMI FL 33168 MIAMI FL 33168

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 **65-1075409** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SILVERIO, NICHOLAS E
6801 NW 77TH AVE., STE. 404
MIAMI FL 33168

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restricted)

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	SILVERIO, NICK E	<i>Director</i>
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOOTH, MARTHA	<i>Director</i>
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORALES, CLARITA	<i>Director</i>
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	V	<input type="checkbox"/> Delete
NAME	WRONECKI, DOREEN	<i>Director</i>
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	S	<input type="checkbox"/> Delete
NAME	AESCHLEMAN, ANA	<i>Director</i>
STREET ADDRESS	6801 NW 77TH AVE., STE. 404	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 617, 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: *Nicholas E. Silverio* *Feb. 9, 2001* *305/922-1304*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day's Phone #

CR2E037 (10/00)