

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002561

1. Entity Name

SILENT VOICES, INC.

Principal Place of Business

2971 NW 165 ST.
MIAMI FL 33054

Mailing Address

P.O. BOX 245311
PEMBROKE PINES FL

2. Principal Place of Business

3211 Subg/Palm Manor

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1-205

City & State

DAVE, FL

City & State

Zip

33024

Country

Broward

Zip

Country

4. FEI Number

65-0751876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZELEDON, LESLIE

2971 NW 165 ST.
MIAMI FL 33054

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZELEDON, LESLIE
2971 NW 165 ST.
MIAMI FL 33054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TURNER, JOSEPHINE
1825 N.W. 52ND ST.
MIAMI FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASWELL, ANTHONY
5020 S.W. 145TH AVE.
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90002 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

4-16-01 954 433-3288