

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90056 015 ***550.00

DOCUMENT # P00000021827

1. Entity Name

SILICON HEAD INTERNATIONAL CORP.

Principal Place of Business

**2290 NW 82ND AVENUE
 MIAMI F: 33122**

Mailing Address

**2290 NW 82ND AVENUE
 MIAMI F: 33122**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0986619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOYLE, JULIETA

15102 NW 7TH COURT

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

Caio F. Buscariolli

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

C/O BSS&S

9655 So. Dixie Hwy. 3rd Floor

City

Miami, Florida

FL

Zip Code

33156

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: **Caio F. Buscariolli**

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

(NOTE: Registered Agent signature required when reinstating)

07/03/2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **BUSCARIOLLI, CAIO F**
 STREET ADDRESS **15102 N.W. 7TH COURT**
 CITY-ST-ZIP **PEMBROKE PINE FL 33028**

TITLE **SD** ☐ Delete
 NAME **BUSCARIOLLI, GERALDO J**
 STREET ADDRESS **RUA TEODORO SAMPAIO 849 PINEHEIROS**
 CITY-ST-ZIP **SAN PAULO S.P. BRAZIL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **2290 N.W. 82 Avenue**
 CITY-ST-ZIP **Miami, Florida 33122**

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

TITLE ☐ Change ☐ Addition
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CR2E034 (4/02)

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/2002
 Date

(305) 597-9482
 Daytime Phone #