

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90478 021 ***150.00

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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8335 N.W. 68TH St.
Suite, Apt. #, etc.

3. Mailing Address
8335 N.W. 68TH St.
Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

4. FEI Number
65-0986619

Applied For
Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSCARIOLLI, CAIO F
C/O BSS&S
9655 SO. DIXIE HWY 3RD FLOOR
MIAMI FL 33156**

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

SIGNATURE *Caio F. Buscariolli* **BUSCARIOLLI**

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

(NOTE: Registered Agent signature required when reinstating)

03/12/2003
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

TITLE **PD** ☐ Delete
NAME **BUSCARIOLLI, CAIO F**
STREET ADDRESS **2290 NW 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/2003
Date

(305) 597-9482
Daytime Phone #

CR2E034 (10/02)