

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90095 007 ***158.75

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1. Entity Name
SAM SILVA INVESTMENT CORPORATION

Principal Place of Business
**6801 LAKE WORTH ROAD SUITE 330
LAKE WORTH FL 33467**

Mailing Address
**6801 LAKE WORTH ROAD SUITE 330
LAKE WORTH FL 33467**

100000001



2. Principal Place of Business

6801 Lake Worth Road

Suite, Apt. #, etc.

Suite 334

City & State

Lake Worth

Zip

33467

Country

U.S.A.

3. Mailing Address

6801 Lake Worth Road

Suite, Apt. #, etc.

Suite 334

City & State

Lake Worth

Zip

33467

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0993354

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, LUIS E ESQ
4201 SW 11TH STREET
MIAMI FL 33134**

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

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

TITLE **DP** ☐ Delete
NAME **SILVA, SAMUEL**
STREET ADDRESS **6801 LAKE WORTH ROAD SUITE 330**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Silva, Samuel**
STREET ADDRESS **6801 Lake Worth Road Suite 334**
CITY-ST-ZIP **Lake Worth Florida 33467**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

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

02/13/03 (561) 967-3366

Date

Daytime Phone #

CR2E034 (10/02)