

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90132 016 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000027430

1. Entity Name
SILQUIN AUTO BROKERS, INC.

Principal Place of Business
4515 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

Mailing Address
125 SW DONNA TERR
PORT SAINT LUCIE FL 34984

2. Principal Place of Business
4417 South U.S. 1
 Suite, Apt. #, etc.

3. Mailing Address
125 SW Donna Terr.
 Suite, Apt. #, etc.

City & State
Fort Pierce FL
 Zip **34982** Country **USA**

City & State
Port St Lucie FL
 Zip **34982** Country **USA**

4. FEI Number **65-0994432**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, CLARA I
125 SW DONNA TERR
PORT SAINT LUCIE FL 34984

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D SILVA, RUBEN 4515 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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: **Ruben D. Silva** **04-10-02** **772-429 1555**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)