

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096581

1. Entity Name  
SILGON, INC.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90355 040 \*\*\*150.00

Principal Place of Business

9858 N KENDALL APT E-108  
MIAMI FL 33176

Mailing Address

9858 N KENDALL APT E-108  
MIAMI FL 33176

2. Principal Place of Business

1200 West Ave.

Suite, Apt. #, etc.

Suite 214

City & State  
Miami Beach, FL

Zip  
33139

Country

3. Mailing Address

1200 West Ave.

Suite, Apt. #, etc.

Suite 214

City & State  
Miami Beach, FL

Zip  
33139

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVESTRI, PHILIP  
9858 N KENDALL, APT E-108  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name Silvestri, Philip  
Street Address (P.O. Box Number is Not Acceptable)  
1200 West Ave. Suite #214  
Suite 214  
City Miami Beach **FL** Zip Code 33139

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

(NOTE: Registered Agent signature required when reinstating)

08/fcb/2001  
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 \$150.00**  
**After MAY 1, 2001 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 **D** ☐ Delete  
NAME **SILVESTRI, PHILIP**  
STREET ADDRESS **9858 N KENDALL, APT E-108**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1200 West Ave. Suite #214  
CITY-ST-ZIP Miami Beach, FL 33139

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

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

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

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

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

08/fcb/2001  
Date

305-695-1176  
Daytime Phone #

CR2E034 (10/00)