

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90069 017 \*\*\*150.00

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**DOCUMENT # P00000096581**

1. Entity Name  
**SILGON, INC.**



Principal Place of Business  
**1100 WEST AVE  
APT #1204  
MIAMI FL 33139**

Mailing Address  
**1100 WEST AVE  
APT #1204  
MIAMI FL 33139**



2. Principal Place of Business  
**1000 West Ave**

3. Mailing Address  
**1000 West Ave**

Suite, Apt. #, etc.  
**1610**

Suite, Apt. #, etc.  
**1610**

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

4. FEI Number  
**65-1048193**

Applied For  
☐ Not Applicable

Zip  
**33139**

Country  
**USA**

Zip  
**33139**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SILVESTRI, PHILIP  
1100 WEST AVE APT 1204  
MIAMI FL 33139**

Name  
**Silvestri, Philip**  
Street Address (P.O. Box Number is Not Acceptable)  
**1000 West Ave  
Apt. 1610**  
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. 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

**07/04/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D SILVESTRI, PHILIP** ☐ Delete  
**1200 WEST AVE., SUITE #214**  
**MIAMI BEACH FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Silvestri, Philip** ☒ Change ☐ Addition  
**1000 West Ave, Apt 1610**  
**Miami Beach, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

**07/04/03**

Date

Daytime Phone #

CR2E034 (10/02)