

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91205 009 ***150.00

DOCUMENT # P01000019147

1. Entity Name

SILVA STUDIO PHOTO & FRAME ART CORP.

Principal Place of Business

1252 WEST 68TH STREET
HIALEAH FL 33014

Mailing Address

1252 WEST 68TH STREET
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1079164

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVA, HECTOR
6496 WEST 12 COURT
HIALEAH FL 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$160.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVA, HECTOR	
STREET ADDRESS	6496 WEST 12 COURT	
CITY- ST- ZIP	HIALEAH FL 33012	

TITLE	VS	<input type="checkbox"/> Delete
NAME	SILVA, RITA M	
STREET ADDRESS	6496 W 12 COURT	
CITY- ST- ZIP	HIALEAH FL 33012	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Dnt# PO100009147/94108

Department of Treasury
Internal Revenue Service
Philadelphia Service Center

Fax Message

Date: April 27, 2001

To: STEVE ARBOGAST

Phone Number:

Fax Number: 954-755-5545

From: Teletin, Joanne Devine

Address: 11601 Roosevelt Blvd, DP 8125
Philadelphia, PA 19154

Phone: (215) 516-6999

Fax Number: (215) 516-3990

Subject: Per your request, your employer identification number is: 52-2312246

GEMTEK PRODUCTS FLORIDA INC

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