


22-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033473

1. Entity Name 33139 INC



FILED

03 MAY 28 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1610 Lenox Ave
Suite, Apt. #, etc. 506
City & State MIAMI BEACH FLA
Zip 33139 Country USA

3. Mailing Address 1610 Lenox Ave
Suite, Apt. #, etc. 506
City & State MIAMI BEACH FLA
Zip 33139 Country USA

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4. FEI Number 65-112 4458 **Applied For** ☐ **Not Applicable**

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

7. Name and Address of Current Registered Agent

Name ANDREAS SILVERTHORNE
Street Address (P.O. Box Number is Not Acceptable) 1610 LENOX AVE 506
City MIAMI BEACH FL Zip Code 33139

DO NOT WRITE IN THIS SPACE

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 ANDREAS SILVERTHORNE 5-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>ANDREAS SILVERTHORNE</u> <u>1610 LENOX AVE 506</u> <u>MIAMI BEACH, FLORIDA</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>700020545457</u> <u>06/05/03-01071-009</u> <u>##300.00</u>
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE: ANDREAS SILVERTHORNE 5-10-03 305-7905306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

91 5/30