

22-03

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 MAY 28 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000033473**

1. Entity Name **33139 INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1610 Lenox Ave**  
Suite, Apt. #, etc. **506**

3. Mailing Address  
**1610 Lenox Ave**  
Suite, Apt. #, etc. **506**

DO NOT WRITE IN THIS SPACE

City & State **MIAMI BEACH FLA** City & State **MIAMI BEACH, FLA** 4. FEI Number **65-112 4458** Applied For  Not Applicable

Zip **33139** Country **USA** Zip **33139** Country **USA** 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**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**

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** DATE **5-10-03**

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

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	<b>PRESIDENT ANDREAS SILVERTHORNE 1610 LENOX AVE 506 MIAMI BEACH, FLORIDA.</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>700020545457 06/05/03-01071-009 **300.00</b>
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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** DATE **5-10-03** Daytime Phone # **305-790-5306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

91 5/30