

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90038 023 \*\*\*150.00

**DOCUMENT # P01000039909**

1. Entity Name  
**SILVEIRA FLOOR COVERING, INC.**

**429328**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3756 METRO PKWY. #720**  
**FT. MYERS FL 33916**

Mailing Address  
**3756 METRO PKWY. #720**  
**FT. MYERS FL 33916**

2. Principal Place of Business  
**5541 BARTH STREET**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5541 BARTH STREET**  
 Suite, Apt. #, etc.

City & State  
**LEETHIGH ACRES, FL**

City & State  
**LEETHIGH ACRES, FL**

4. FEI Number  
**65-1129577**

Applied For  
 Not Applicable

Zip  
**33901**

Country  
**USA**

Zip  
**33901**

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**

**DA SILVEIRA, MARCOS D**  
**3756 METRO PKWY. #720**  
**FT. MYERS FL 33916**

Name **Tax-HOUSE-CORP.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3929 N. FEDERAL HWY**  
 City **POMPANO BEACH** FL Zip Code **33064**

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 **PRESIDENT** **02/17/2002**  
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 \$150.00**  
**After May 1, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DA SILVEIRA, MARCOS</b> <b>3756 METRO PKWY. #720</b> <b>FT. MYERS FL 33916</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DA SILVEIRA, ANNE MARGARETH C</b> <b>3756 METRO PKWY. #720</b> <b>FT. MYERS FL 33916</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DA SILVEIRA, MARCOS</b> <b>5541 BARTH STREET</b> <b>LEETHIGH ACRES, FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DA SILVEIRA, ANNE M.</b> <b>5541 BARTH STREET</b> <b>LEETHIGH ACRES, FL 33901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **REQUIRE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/17/2002** **(941) 277-9651**  
Date Daytime Phone #

CR2E034 (9/01)