

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90156 020 \*\*\*150.00

DOCUMENT # P01000055917

1. Entity Name

SILSAL CORP. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2645 EXECUTIVE PARK DR.

3. Mailing Address

# 125.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WESTON FL

City & State

City & State

Zip

33331

Country

Broward

Zip

33331

Country

Broward

4. FEI Number

65-1125992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John SALAZAR

Street Address (P.O. Box Number is Not Acceptable)

743 SHOTGUN Rd

City

SUNRISE

**FL**

Zip Code

33326

**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.

SIGNATURE

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

V.P.

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE P-D  
NAME Silvana Salazar.  
STREET ADDRESS 743 SHOTGUN Rd  
CITY-ST-ZIP SUNRISE FL 33326

TITLE V.P.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P.-S.  
NAME John Salazar.  
STREET ADDRESS 743 SHOTGUN Rd  
CITY-ST-ZIP SUNRISE FL 33326

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 954-816-2976

Date

Daytime Phone #