

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061004

1. Entity Name
DA SILVA INVESTMENTS, CORP.

Principal Place of Business

782 NW 42 AVE STE 637
MIAMI FL 33126

Mailing Address

782 NW 42 AVE STE 637
MIAMI FL 33126

2. Principal Place of Business

1825 MAIN STREET

Suite, Apt. #, etc.

201

City & State

WESTON FLORIDA

Zip

33326

Country

U.S.A.

3. Mailing Address

1825 MAIN STREET

Suite, Apt. #, etc.

201

City & State

WESTON FLORIDA

Zip

33326

Country

U.S.A.

4. FEI Number

65-1118284

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE STE 637
MIAMI FL 33126

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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 \$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 D Delete
NAME DA SILVA, VICTOR M
STREET ADDRESS 782 NW 42 AVE STE 637
CITY-ST-ZIP MIAMI FL 33126

TITLE D Change Addition
NAME DA SILVA, VICTOR M
STREET ADDRESS 1825 MAIN STREET S. 201
CITY-ST-ZIP WESTON FLORIDA 33326

TITLE D Delete
NAME ARROYO, YADILKA C
STREET ADDRESS 782 NW 42 AVE STE 637
CITY-ST-ZIP MIAMI FL 33126

TITLE D Change Addition
NAME ARROYO, YADILKA C
STREET ADDRESS 1825 MAIN STREET S. 201
CITY-ST-ZIP WESTON FLORIDA 33326

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

SIGNAL VICTOR M. DA SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/2002 954-5400892

Daytime Phone #

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90001 002 ***150.00

B0038599



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)