

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91904 026 ***158.75

DOCUMENT # P01000103021

1. Entity Name

SILVESTRI'S DESIGN CORP.

Principal Place of Business

Mailing Address

~~14631 S.W. 176 TERRACE~~
~~MIAMI FL 33177~~

~~14631 S.W. 176 TERRACE~~
~~MIAMI FL 33177~~

2. Principal Place of Business

13732 S.W. 152 ST

Suite, Apt. #, etc.

3. Mailing Address

13732 S.W. 152 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip 33177

Country

U.S.A.

Zip 33177

Country

U.S.A.

4. FEI Number

65-1149168

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DEL VALLE, EUSEBIO~~
~~14631 S.W. 176 TERRACE~~
~~MIAMI FL 33177~~

7. Name and Address of New Registered Agent

Name: MONICA SILVESTRI-JORRO
 Street Address (P.O. Box Number is Not Acceptable): 14631 S.W. 176 TERR

City MIAMI

FL

Zip 33177

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]

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent Signature required when reinstating)

04/30/03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVESTRI-JORRO, MONICA	
STREET ADDRESS	14631 S.W. 176 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL VALLE, EUSEBIO J	
STREET ADDRESS	14631 S.W. 176 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORRO, MARIA M	
STREET ADDRESS	14631 S.W. 176 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVESTRI, SARAH M	
STREET ADDRESS	14631 S.W. 176 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 (205) 259-3121

Date

Daytime Phone #

CR2E034 (9/01)