

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90906 012 \*\*\*150.00

**DOCUMENT # P01000103039**

1. Entity Name  
**SILVA BUILDERS, INC.**



Principal Place of Business  
6911 MAIN STREET  
124  
MIAMI LAKES, FL 33014

Mailing Address  
6911 MAIN STREET  
124  
MIAMI LAKES, FL 33014

2. Principal Place of Business

**12277 SW 55 Street**

Suite, Apt. #, etc.

**Suite #906**

City & State

**Cooper City FL**

Zip

**33330**

Country

3. Mailing Address

**12277 SW 55 Street**

Suite, Apt. #, etc.

**#906 Suite**

City & State

**Cooper City FL**

Zip

**33330**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**05-0523171**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVA, ADELINO  
6911 MAIN STREET  
124  
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name **Adelino Silva Agostinho**

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

**12277 SW 55 Street**

**Suite 906**

City **Cooper City**

FL

Zip Code **33330**

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

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

(NOTE: Registered Agent Signature required when reinstating)

**2-24-03**

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P**  
NAME **SILVA, ADELINO**  
STREET ADDRESS **6911 MAIN STREET #124**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **Adelino Silva Agostinho**  
STREET ADDRESS **12277 SW 55 St Suite 906**  
CITY-ST-ZIP **Cooper City, FL 33330**

TITLE **D**  
NAME **Terrell Duke, Jr.**  
STREET ADDRESS **12277 SW 55 St Suite 906**  
CITY-ST-ZIP **Cooper City, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 10, 2003**

Date

**854-880-0889**

Daytime Phone #

CR2E034 (10/02)