

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

DOCUMENT # P92000003120

1. Entity Name

SILICON TECH CORPORATION



FILED

03 NOV 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1580 SAWGRASS CORPORATE PK

3. Mailing Address

9715 W. BROWARD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE: 224

City & State
SUNRISE FL

City & State
PLANTATION, FL

4. FEI Number 32-0025862

Applied For
Not Applicable

Zip
33323

Country

Zip
33324

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ALDUEN, JOHANNA

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

9715 W. BROWARD BLVD. STE: 224

City PLANTATION

FL Zip Code
33324

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Johanna Alduen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
(P/S/D) JAMES HODASON
4702 NW 43 AVE.
TAMARAC, FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300025525673
12/16/03-01031-006 **150.00

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

SIGNATURE:

J. Hodason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)