

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90101 033 \*\*\*150.00

**DOCUMENT #** P93000026560  
 1. Entity Name  
 SILVIA AND SONS, INC.

2. Principal Place of Business 2660 Palm Avenue		3. Mailing Address 6220 East 4th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah Florida 33010		City & State Hialeah Florida	
Zip 33010	Country U.S.A.	Zip 33013	Country U.S.A.

**B0050218**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0367395		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

7. Name and Address of Current Registered Agent	
Name LINARES, CRISTINO C	
Street Address (P.O. Box Number is Not Acceptable) 6220 East 4th Avenue	
City Hialeah Florida 33013	
City FL	Zip Code

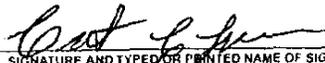
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b>  <b>After May 1, Fee is \$550.00</b>  <b>Amended UBR is \$61.25</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINARES, CRISTINO C 6220 East 4th Ave Hialeah FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **CRISTINO C LINARES** 3/6/2002 (305) 362-9139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #