2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9300064498 May 02, 2000 8:00 am Secretary of State SILCOR CORPORATION 05-02-2000 90126 007 ***150.00 Principal Place of Business Mailing Address 10651 N KENDALL DR 10651 N KENDALL DR SUITE 201 SUITE 201 MIAMI FL 33176-1545 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0447655 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORTEZ, SILVIO Street Address (P.O. Box Number is Not Acceptable) 10651 N KENDALL DR **SUITE 201** MIAMI FL 33176 " Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSD** ☐ Defete TITLE TITLE 8181 NW 36 St., Ste. 18 Miami, FL 33166 8181 NW 36 St., Ste. 18 Miami, FL 33166 CORTEZ, SILVIO NAME STREET ADDRESS 10651 N KENDALL DR SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Delete TITL F CORTEZ, JANET W NAME NAME 10651 N KENDALL DR SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 effect 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.