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SEC... OF STATE
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04

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002348

1. Entity Name
Silton Capital, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3250 NW 36th Street	1662 NE 196th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: N. Miami Bch, FL.
Zip: 33142 Country	Zip: 33179 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0477842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Trojecki, Szymon

Street Address (P.O. Box Number is Not Acceptable): 1662 NE 196th Street

City: N. Miami Bch **FL** 33179

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DP Trojecki, Szymon 1662 NE 196th St. NMB FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800030588098 03/16/04--01108--017 **150.00
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CR2E034B (12/01)

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: Trojecki Pres. 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #