

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000021548**1. Entity Name
SILMAR CORPORATION

Principal Place of Business

7163 SW 103 RD CT CIRCLE

MIAMI
33173

FL

US

Mailing Address

PO BOX 830761

MIAMI
33283

FL

US

2. Principal Place of Business

7163 SW 103 CT CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

Zip
33173Country
US

Zip

Country

4. FEI Number

65-0475755

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLEGAS SILVIO
7163 S.W. 103RD CT. CIRCLEMIAMI
33173

FL

US

7. Name and Address of New Registered Agent

Name

VILLEGAS SILVIO J

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

7163 S.W. 103 CT. CIRCLE

City
MIAMI

FL

Zip Code
33173

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 **SILVIO J. VILLEGAS****04/30/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	SVD	<input type="checkbox"/> Delete
NAME	VILLEGAS SILVIO	
STREET ADDRESS	7163 SW 103 CT CIR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	VILLEGAS SILVIO	
STREET ADDRESS	7163 SW 103 CT CIR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLEGAS SILVIO II	
STREET ADDRESS	7163 SW 103 CT CIR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLEGAS SILVIO J	
STREET ADDRESS	7163 SW 103 CT CIR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 execute 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.

SIGNATURE: **Silvio J. Villegas**

PTD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)