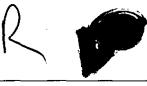
## 2000 UNIFORM BUSINESS REPORT, (UBR)

OCUMENT #

P94000041745

Entity Name

SILVA'S FASHION CORP.



## **FILED** Jun 30, 2000 8:00 am Secretary of State

06-30-2000 90002 046 \*\*\*150.00

•	e of Business est 68th Street	Mailing Address				
		3014			0006636	7
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District C	Near of Divisions	La Maillea Addison		_	新 <b>新</b> 教育公司	
Principal P	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT W	/RITE IN THIS SPACE	≣
City & Stat		City & State		4. FEI Number		Applied For
Only & Stat	G	Oily & State		4. FEL NUMBER		Not Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired		5 Additional
	6. Name and Address of Current F	Posistered Asset	<del></del>	7. Name and Address of New	Fee H	Required
	6. Name and Address of Current P	registered Agent	Name	7. Name and Address of New	N Registered Agent	
HEC	TOR SILVA					
	6 West 12 Court		. Street Addre	ess (P.O. Box Number is Not Acceptal	.ble)	
Hia	leah, Florida 3	3012				<u></u>
			City	· · · · · · · · · · · · · · · · · · ·	FL	p Code
	named entity submits this statement for					
	Signature, typed or printed name of registered agent at praction is eligible to satisfy its Intangible	FILE NOW!	Registered Agent signature red	10. Flection Campaign	Financing	\$5.00 May B
Tax filing r		FILE NOW!	l FEE IS \$150.00 0 Fee will be \$550.0	10. Election Campaign Trust Fund Contribu	Financing	\$5.00 May B Added to Fees
Tax filing r (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!! After MAY 1, 200 Make Check Payable DIRECTORS	FEE IS \$150,00 0 Fee will be \$550.0 e to Department of	10. Election Campaign Trust Fund Contribu	Financing stion.	Added to Fees
Tax filing r (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)  OFFICERS AND C	FILE NOW!! After MAY 1, 200 Make Check Payabl	FEE IS \$150,00 0 Fee will be \$550.0 e to Department of 12.	10. Election Campaign Trust Fund Contribu	Financing stion.	Added to Fees
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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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #