

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90280 016 ***150.00

DOCUMENT # P95000005228

1. Entity Name
SILL, INC.

Principal Place of Business

Mailing Address

**540 BRICKELL KEY DR.
STE 407
MIAMI FL 33131**

**540 BRICKELL KEY DR.
STE 407
MIAMI FL 33131**

124100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**888 Brickell Key Dr
Suite, Apt. #, etc.
#2201**

**888 Brickell Key Dr.
Suite, Apt. #, etc.
#2201**

City & State
Miami FL

City & State
Miami FL

Zip
33131

Country

Zip
33131

Country

4. FEI Number **65-0548988**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IGNACIO, SYLVIA P
10192 BREEZEWAY PLACE 888 Brickell Key Dr.
BOCA RATON FL 33428 #2201
Miami, FL 33131**

Name

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	IGNACIO, SYLVIA P			
	10192 BREEZEWAY PLACE 888 Brickell Key Dr.			
	BOCA RATON FL 33428 #2201			
	Miami, FL 33131			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)