

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000009731**

1. Entity Name

MELVIN SILVERS, INC.**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90032 040 ***150.00

Principal Place of Business

11401 BISCAYNE BLVD
MIAMI FL 33181

Mailing Address

11401 BISCAYNE BLVD
MIAMI FL 33181**00030611**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 N.E. 125th ST.

Suite, Apt. #, etc.

107

City & State

NO. MIAMI, FLA

Zip

33161-5718

Country

U.S.A.

3. Mailing Address

901 N.E. 125th ST.

Suite, Apt. #, etc.

107

City & State

NO. MIAMI, FLA

Zip

33161-5718

Country

U.S.A.4. FEI Number **65-0663658**

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

SILVERS, ELLEN
19495 BISC BLVD.
MIAMI FL 33180

Name

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

500 SOUTH FEDERAL HIGHWAY #459

City

HALLANDALE**FL**

Zip Code

33008

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 State10. 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 ☐ Delete
NAME **PD**
STREET ADDRESS **SILVERS, MELVIN**
CITY-ST-ZIP **20335 W COUNTRY CLUB DR**
AVENTURA FL 33180TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(l), 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)