## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P96000088643 LUIS SILVA ENTERPRISES, INC. 05-23-2000 90198 004 \*\*\*158.75 Mailing Address Principal Place of Business 7575 STIDHAM DRIVE 7575 STIDHAM DRIVE ORLANDO FL 32818 ORLANDO FL 32818-3031 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3405360 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVA, LUIS Street Address (P.O. Box Number is Not Acceptable) 7575 STIDHAM DRIVE ORLANDO FL 32818 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change Addition ☐ Delete TITLE SILVA, LUIS STREET ADDRESS 7575 STIDHAM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Addition ☐ Delete Change TITLE MATOS, LUIS S NAME 7575 STIDHAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ORLANDO FL 32818 CITY-ST-ZIP ☐ Change ☐ Addition STD TITLE □ Delete TITLE SILVA, OLGA M NAME NAME 7575 STIDHAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW ORLANDO FL 32818 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 suppliemental 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

**SIGNATURE** 

(401)010 11

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