

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082408

1. Entity Name

SILHOUETTE INTERNATIONAL CORPORATION

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90032 033 ***150.00

Principal Place of Business

8033 NW 41ST COURT
SUNRISE FL 33351

Mailing Address

8033 NW 41ST COURT
SUNRISE FL 33351

We move to

We move to

2. Principal Place of Business

6955 NW 19th Ct

3. Mailing Address

6955 NW 19th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARGATE FL

MARGATE, FL

Zip 33063

Country

Zip 33063

Country

4. FEI Number 59-2197340

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

RANGEL, EDITH M
8033 NW 41ST COURT
SUNRISE FL 33351

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

4/10/01

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	PD	<input type="checkbox"/> Delete
NAME	RANGEL, LUIS E	
STREET ADDRESS	8033 NW 41ST CT.	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RANGEL, EDITH M	
STREET ADDRESS	8033 NW 41ST CT.	
CITY - ST - ZIP	SUNRISE FL 33351	
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		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 (954) 973 9511

CR2E034 (10/00)