

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 2

DOCUMENT # P97000105103

1. Entity Name
SILVEIRA SERVICES, INC.

FILED

00 JUL 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
915 NW 1 AVE #H2314
MIAMI FL 33136

Mailing Address
915 NW 1 AVE #H2314
MIAMI FL 33136

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0799773 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBOSA SILVEIRA, ALBERTO
750 N.E. 64 STREET #B411
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number)
City
Zip Code

400003349434--1
08/08/08 01865-024
****150.00 ****150.00
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOSA SILVEIRA, ALBERTO 700 NE 63ST. D-608 MIAMI FL-33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alberto Barbosa Silveira*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00 305-801-4563
Date Daytime Phone #

CR2E034 (5/00)

pg 2 of 2

**Alberto Silveira, President
Silveira Services, Inc.
915 NW 1 Avenue #H2314
Miami, FL 33136-3533
(786) 425-0589**

July 10, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


RE: Payment of Filing Fee (Second Time)

Gentlemen:

Enclosed is my check #1292 for my annual \$150.00 corporate filing fee. I have enclosed the receipt stub for my original check sent you February 28, 2000. Apparently, a mistake was made in your records (or my check was misplaced), however, I am enclosing a second check for \$150.00 to insure the continuation of my corporation. Please review your records and credit me with the appropriate refund amount.

I look forward to your prompt and courteous attention to this important matter and to receiving your acknowledgement of my updated and corrected account statement.

Sincerely,


Alberto Silveira
President

1274

TAKE ALONG MEMO

2-28-00

TO DWA OF
STAN

FEE

WHEN TAKING BLANK CHECKS AWAY
FROM BINDER, LEAVE THIS STUB
ATTACHED TO CHECK TO ACCURATELY
RECORD YOUR TRANSACTION

AMOUNT
\$ 150.00

© DESIGNER CHECKS