## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000021570

SILVIO'S FASHION PLUS, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10376 NW 128 TERRACE

SIGNATURE:

10376 NW 128 TERRACE

CALL CALL GARDENS FL 33016		HIALEAH GARDENS FL 33018-6006								
2. Principal P	Place of Business	3. Mailing Address –								
									41 <b>88</b> 41 1 <b>88</b> 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State			<b>4.</b> F	4. FEI Number 65-0818235		Applied For Not Applicable		
Zip	Country	Zip	Zip Country		5. 0	Certificate of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent	• 👡	man	7N	lame and Address of New F	legistered A	gent -		1
CRUZ, ELENA A 10376 NW 128 TERRACE HIALEAH GARDENS FL 33016				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	9	]
SIGNATURE .	named entity submits this statement for signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible	and title if applicable. (NO	TE: Registere	d Agent signati	re required when re	instating)	DATE			
Tax filing r	requirement and elects to do so.	After MAY 1, 2	After MAY 1, 2000 Fee to Make Check Payable to De			10. Election Campaign Fir Trust Fund Contribution	- <del>- +0.00</del> a, -3			
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ELENA A 10376 NW 128 TERRACE HIALEAH GARDENS FL 33016	☐ Delete				WEST BOTT STA	红	<b>€</b> Change	☐ Addition	00,07,70,70
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRUZ, ANDRES L 10376 NW 128 TERRACE HIALEAH GARDENS FL 33016	☐ Delete		NAME STREET ADDRESS		70 WEST 80th STREET TANK 1 PG 33014		Change Change	Addition	12
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VSD FREISO, SILVIO 10376 NW 128 TERR HIALEAH FL 33016	□ Delete			פרר	WEST 801	SMILT	Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				•		☐ Change	☐ Addition	
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empore or on an attachment with an address.	strue and accurate and that owered to execute this repor	my signat rt as requir	ture shall h:	ave the same !	enal effect as if made under	oath: that Lar	n an officer.	or director	

**FILED** 

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90017 008 \*\*\*150.00

Daytime Phone #