

FILED  
Jul 15, 2002 8:00 am  
Secretary of State

07-15-2002 90183 050 \*\*\*550.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000024085

1. Entity Name

Silton Management Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4100 NW 27 Ave, Miami

Suite, Apt. #, etc.

3. Mailing Address

4100 NW 27 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0828613

Applied For

Not Applicable

Zip

33162

Country

USA MI-Dade

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Palinsky, Ilya

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

2812 NW 35 Street

City

Miami

FL

Zip Code

33142

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

Ilya Palinsky (V/D)

(NOTE: Registered Agent signature required when reinstating)

07/11/2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	P/D	Maynard E. Mast	4100 NW 27 Ave Miami FL 33142				
	V/D	Ilya Palinsky	4100 NW 27 Ave Miami FL 33142				
	O	Shimon Walkowicki	4100 NW 27 Ave Miami FL 33142				

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mast

07/11/02

Date

305-761-3487

Daytime Phone #

CR2E034B (12/01)