

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # P98000073377

1. Entity Name

SIL-BROD CORP

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90180 049 \*\*\*150.00

Principal Place of Business  
2124 NE 123RD ST. STE 205-55  
NORTH MIAMI FL 33181

Mailing Address  
2124 NE 123RD ST. STE 205-55  
NORTH MIAMI FL 33181-2939

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

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

City & State

Zip Country Zip Country

4. FEI Number **65-0875166**  
Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SILVER, JACK  
2124 NE 123RD ST, STE 205-55  
NORTH MIAMI FL 33181

## 7. Name and Address of New Registered Agent

Name **Director: Silver, Lynne**  
Street Address (P.O. Box Number is Not Acceptable)  
**2124 NE 123rd St. Ste 205-55**  
**North Miami, Fl. 33181**  
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 **Lynne Silver**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03/20/2000**

DATE

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D SILVER, JACK</b>	<b>2124 NE 123RD ST, STE 205-55</b>	<b>NORTH MIAMI FL 33181</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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 checked="" type="checkbox"/> Addition
	<b>Lynne Silver</b>	<b>2124 NE 123rd St., Ste 205-55</b>	<b>North Miami, Fl. 33181</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: **Lynne Silver**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/20/2000 305-891-1120**

Date

Daytime Phone #