

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90084 012 \*\*\*150.00

DOCUMENT # **P98000073377**

1. Entity Name  
**SIL-BROD CORP**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>65-0875166</b>	Applied For:	<input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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: **Lynne Silver**

Street Address (P.O. Box Number is Not Acceptable):  
**2124 NE 123rd St. Ste 55, Room 205**

City: **North Miami** FL Zip Code: **33181**

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 - President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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



10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>SILVER, LYNNE</b> <b>2124 NE 123RD., STE 205-55</b> <b>NORTH MIAMI FL 33181</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <b>Brodsky, Jennifer</b> <b>2124 NE 123rd St. Rm 205 ste 55</b> <b>North Miami, FL 33181</b>
TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <b>Kastanias, Nick</b> <b>2124 NE 123rd St. Rm 205 Ste 55</b> <b>North Miami, FL 33181</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynne Silver **Lynne Silver** 02/20/2001 305-891-1120  
Signature and typed or printed name of signing officer or director Date