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

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875166 — Applied For / Not Applicable

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

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) ☐
FILE NOW! FEE IS $150.00
After MAY 1, 2002 Fee will be $175.00
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	Delete
D SILVER, LYNNE 2124 NE 123RD., STE 205-55 NORTH MIAMI FL 33181	☐
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Add
Treasurer Brodsky, Jennifer 2124 NE 123rd St. Rm 205 ste 55 North Miami, Fl. 33181	☐	☒
Secretary Kastanias, Nick 2124 NE 123rd St. Rm 205 Ste 55 North Miami, Fl. 33181	☐	☒
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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 — Lynne Silver — 02/20/2001 — 305-891-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #