

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094947

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90182 012 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business
 17721 SW 7 STREET
 PEMBROKE PINES FL 33029

Mailing Address
 17721 SW 7 STREET
 PEMBROKE PINES FL 33029-4209

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

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

4. FEI Number **65-0877806** **APPLIED FOR**
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 SILVA, JOSE M
 17721 SW 7 STREET
 PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	S	SILVA, MARIA E 17721 SW 7 ST PEMBROKE PINES FL 33029			
	P	SILVA, TOSE M 17721 SW 7 ST PEMBROKE PINES FL-33029		SILVA, JOSE M	

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: [Signature] **SILVA** **4/2/00** **(954) 430-8110**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)