

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90665 027 ***158.75

CORPORATE LAW

DOCUMENT # P98000104391

1. Entity Name
SILVER BLUFF PROPERTY MANAGEMENT CORPORATION



Principal Place of Business
**4750 S.W. 82ND STREET
MIAMI FL 33143**

Mailing Address
**4750 S.W. 82ND STREET
MIAMI FL 33143**

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

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

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAWLIK, JOSEPH
4750 S.W. 82ND STREET
MIAMI FL 33143

4. FEI Number **65-0893169** Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOFFER, AILEEN	
STREET ADDRESS	5753 SW 83RD ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	HOFFER, DIANE	
STREET ADDRESS	4750 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	P/S	<input type="checkbox"/> Delete
NAME	HAWLIK, JOSEPH	
STREET ADDRESS	4750 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Hawlik* **REQUIRED** **1/8/03** **305-601-0695.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)