

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90127 041 ***150.00

DOCUMENT # P99000030302

1. Entity Name
SILLATO PROPERTIES, INC.



Principal Place of Business
3450 NW 99 WAY
CORAL SPRINGS FL 33065

Mailing Address
3450 NW 99 WAY
CORAL SPRINGS FL 33065

2. Principal Place of Business
951 N.W. 119th AVE

3. Mailing Address
951 N.W. 119th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number ~~65-0937227~~
65-0939227

Applied For
Not Applicable

Zip
33071

Country
U.S.A.

Zip
33071

Country
U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SCHIFFMILLEN, RICHARD
1717 NW 72ND AVE
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name
DAVID SCHRODER

Street Address (P.O. Box Number is Not Acceptable)

951 N.W. 119th AVENUE

City
CORAL SPRINGS FL

Zip Code
33071

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 *DAVID V. SCHRODER*

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

(NOTE: Registered Agent signature required when reinstating)

1/29/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SILLATO, EUGENIO	156 NW 118TH DRIVE	CORAL SPRINGS FL 33071	<input type="checkbox"/>
VP	SCHRODER, DAVID V	951 NW 119TH AVE	POMPANO BEACH FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

DAVID V. SCHRODER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 (954) 796 760

Date

Daytime Phone #

CR2E034 (10/02)