

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039753

1. Entity Name

SILE INTERNATIONAL, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90006 029 ***550.00

Principal Place of Business

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

2. Principal Place of Business

781 Crandon Blvd.

Suite Apt. #, etc.

602

City & State

Miami FL

Zip

33149

Country

U.S.A.

3. Mailing Address

781 Crandon Blvd.

Suite Apt. #, etc.

602

City & State

Miami, FL

Zip

33149

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0924790

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Gabriele Spilimbergo
Street Address (P.O. Box Number is Not Acceptable)
781 Crandon Boulevard #602
City & State
Miami FL Zip
33149

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-7-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	SPILIMBERGO, GABRIELE	
STREET ADDRESS	201 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriele Spilimbergo, President

8-7-00 305365-0924

Daytime Phone #

CR2E034 (5/00)