

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90019 001 ***150.00

DOCUMENT # P99000039753

1. Entity Name

SILE INTERNATIONAL, INC.

Principal Place of Business

**781 CRANDON BLVD
602
MIAMI FL 33149**

Mailing Address

**781 CRANDON BLVD
602
MIAMI FL 33149**

2. Principal Place of Business

10899 S.W. 72 ST.

3. Mailing Address

10899 SW 72 ST.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

STE. 201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33183

Country

USA

Zip

33183

Country

USA

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

**SPIILBERGO, GABRIELE
781 CRANDON BOULEVARD
#602
MIAMI FL 33149**

7. Name and Address of New Registered Agent

Name

SPIILBERGO, GABRIELE

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

10899 S.W. 72 ST.

STE. 201

City

MIAMI

FL

Zip Code

33183

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, 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, 2001 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

TITLE **PD** ☐ Delete
NAME **SPIILBERGO, GABRIELE**
STREET ADDRESS **201 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D, T, S** ☒ Change ☐ Addition
NAME **SPIILBERGO, GABRIELE**
STREET ADDRESS **10899 S.W. 72 ST., STE. 201**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-01 (786) 271-9291

CR2E034 (10/00)