

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90022 044 ***150.00

DOCUMENT # P99000042593

1. Entity Name

INTERNATIONAL SHALOM BUSINESS, INC.

Principal Place of Business

**4882 CASON COVE DR
102
ORLANDO FL 32811**

Mailing Address

**4882 CASON COVE DR
102
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

6230 MORNING MIST LN 6230 MORNING MIST LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO-FL

ORLANDO-FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3578579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32819

Country

USA

Zip
32819

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, SOLON U

**4882 CASON COVE DR 102
ORLANDO FL 32811**

Name

SILVA SOLON U

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

6230 MORNING MIST LN

City

ORLANDO-FL

FL

Zip Code

32819

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
SILVA, SOLON U
5507 CONROY RD. #2
ORLANDO FL 32811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

03/24/01

Date

407-354-5966

Daytime Phone #

CR2E034 (10/00)