

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042593

1. Entity Name

INTERNATIONAL SHALOM BUSINESS, INC.

Principal Place of Business

6230 MORNING MIST LN
ORLANDO FL 32819

Mailing Address

6230 MORNING MIST LN
ORLANDO FL 32819

2. Principal Place of Business

ORLANDO

3. Mailing Address

5566 METROWEST BLVD

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

City & State

Zip

32811

Country

ORANGE

Zip

Country

Zip

Country

4. FEI Number

59-3578579

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, SOLON U
6230 MORNING MIST LN
ORLANDO FL 32819

Name

SOLON SILVA

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

5566 METROWEST BLVD # 201
ORLANDO

City

ORLANDO

FL

Zip Code
32811

7. Name and Address of New Registered Agent

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

Solon Silva
04/22/02

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, 2002 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Solon Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)