

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90076 035 \*\*\*150.00

0594062  
AT

**DOCUMENT # P990000093390**

1. Entity Name

**SILVER TRUMPETS COMPANY**

Principal Place of Business

**2940 FOREST HILLS BLVD. #3J  
CORAL SPRINGS FL 33065**

Mailing Address

**P.O. BOX 938911  
MARGATE FL 33093-8911**

2. Principal Place of Business

**8437 Royal Palm Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

City & State

Zip

**33065**

Country

**USA**

Country

4. FEI Number

**65-0962678**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ESCOBAR, LINDA**

**2940 FOREST HILLS BLVD #35  
CORAL SPRING FL 33065**

7. Name and Address of New Registered Agent

**ESCOBAR, LINDA**

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

**8437 Royal Palm Blvd.**

City

**Coral Springs**

FL

Zip Code

**33065**

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

**2/17/02**

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

TITLE **D** ☐ Delete  
NAME **ESCOBAR, MILTON**  
STREET ADDRESS **2940 FOREST HILLS BLVD. #3J**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete  
NAME **ESCOBAR, LINDA**  
STREET ADDRESS **2940 FOREST HILLS BLVD. #3J**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **ESCOBAR, MILTON**  
STREET ADDRESS **8437 ROYAL PALM BLVD.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☒ Change ☐ Addition  
NAME **ESCOBAR, LINDA**  
STREET ADDRESS **8437 ROYAL PALM BLVD.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

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

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

TITLE ☐ Change ☐ 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:

**Linda Escobar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/02**

Date

Daytime Phone #

**954-227-5890**

CR2E034 (9/01)