



BUSINESS RENEWAL

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Corporate Name:

EIN : TODAY'S DATE: RENEWAL YEAR :

Type of Organization (Select one): Changes (Select One Y/N)

Main Number : Mobile Number :

Use the boxes below if your addresses have changed. If there are NO changes, please enter "SAME AS LAST YEAR".

New Principal Address:

City, State & Zip Code :

New Mailing Address:

City, State & Zip Code :

Update Officer(s) Contact Information

Use the boxes below to ADD/REMOVE an officer/partner ONLY. If there are NO changes, please leave the boxes blank. If there are changes, please fill out the boxes completely and the corresponding officer/partner being added/removed MUST sign.

Complete Name : Position : Add/Remove :

1.

Email Address

Contact Phone Ownership %

Signature Officer/Partner 1

2.

Email Address

Contact Phone Ownership %

Signature Officer/Partner 2

3.

Email Address

Contact Phone Ownership %

Signature Officer/Partner 3

4.

Email Address

Contact Phone Ownership %

Signature Officer/Partner 4

Officer Contact Information - MANDATORY SIGNATURE OF OFFICER APPROVING THIS FORM

Name

Contact Phone

Authorized Signature

Please return this form signed by e-mail to accounting6@silvasbox.com or send by fax to 1888 401-1914.

Remember to fill out your Credit Card Authorization for renewal or write your check payable to: SILVA'S FINANCIAL SERVICES, LLC

Registered Agent : Silva's Financial Services LLC

Disclaimer: The undersigned, hereby authorize Silva's Financial Services to act on our behalf in all manners relating to the opening/modify the company information. including signing of all documents relating to these matters. Any and all acts carried out by Silva's Financial Services on our behalf shall have the same effect as acts of our own. This authorization is valid only for the indicated purpose and it shall be voided if use in any other matter