

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90081 007 ***150.00

DOCUMENT # F94278

1. Entity Name

SILVER INSURANCE AGENCY INC.

Principal Place of Business

3785 N.W. 82 AVENUE
 SUITE #201
 MIAMI FL 33166

Mailing Address

3785 N.W. 82 AVENUE
 SUITE #201
 MIAMI FL 33166-6630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2217283

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ, JOSE M
782 N.W. LEJEUNE ROAD
SUITE 548
MIAMI FL 33126

Name

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

City

FL

Zip Code

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, DANIEL R	NAME	
STREET ADDRESS	9755 SW 62 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, MANUEL A	NAME	
STREET ADDRESS	8460 SW 5 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, ARMANDO J	NAME	
STREET ADDRESS	9475 JOURNEYS END RD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	CITY-ST-ZIP	
TITLE	FD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MIGUEL R (ASST)	NAME	FERNANDEZ, Miguel R.
STREET ADDRESS	8360 NW 188 ST	STREET ADDRESS	8360 NW 188 Street
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, Florida
TITLE	SD <input type="checkbox"/> Delete	TITLE	AsSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRAN, JOSE A. (ASSTN)	NAME	HERRAN, Jose A.
STREET ADDRESS	8455 GRAND CANAL DR.	STREET ADDRESS	8455 Grand Canal Drive
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, Florida
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Daniel R. Valdes* DANIEL R. VALDES 1/28/00 597-8909 (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)