

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015225

1. Entity Name

SILVER TRADING, INC.

FILED

AMENDED 00 APR 26 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O LAW OFFICES OF ELIZABETH C PINES-CONTE 3301 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES FL 33134-7273	Mailing Address C/O LAW OFFICES OF ELIZABETH C PINES-CONTE 3301 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES FL 33134-7273
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINES-CONTE, ELIZABETH C ESQ
3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip _____

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 the state is changed)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 Additional Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD TURRI, MARIA 3301 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES FL 33134-7273 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Ingrid Rojas 3301 Ponce de Leon Blvd. Ste 200 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003241394--6 05/05/00 010933-002 *****61.25 - *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LS <input type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Add <input type="checkbox"/> Delete

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.02 of the Florida Statutes and 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 it were the signature of the corporation or the receiver or trustee empowered to execute this report as required by statute. I understand that this report is subject to change, or on an attachment with an address, with all other like empowered

SIGNATURE: *Maria Turri* MARIA TURRI

Maria Turri MARIA TURRI

04/12/2000