

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 353634

1. Entity Name

SILVER PALM PROPERTIES INC

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90073 043 ***150.00

Principal Place of Business

Mailing Address

22900 SOUTH DIXIE HIGHWAY
GOULDS FL 33170

P.O. BOX 157
GOULDS FL 33170

827158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13000 SW 232 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GOULDS FL

City & State

4. FEI Number

59-1551122

Applied For

Not Applicable

Zip

33170

Country

USA

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

LAFONTISEE, LOUIS L JR
3121 COMMODORE PLAZA
#301
MIAMI FL 33133

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.
(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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KENDALL JR, HAROLD E
STREET ADDRESS 23600 S DIXIE HWY
CITY-ST-ZIP GOULDS FL 33170

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13000 SW 232 ST
CITY-ST-ZIP GOULDS FL 33170

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

305-258-1628

Daytime Phone #

CF 004 1999