2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # F9700006831 S. ARTHUR AND WENDY SILVER, INC. 04-19-2000 90014 031 ***150.00 Principal Place of Business Mailing Address 400 S DIXIE HWY 268 C NORWOOD AVE. **DEAL NJ 07723** SUITE #2 639370 HALLANDALE FL 33009-6396 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-2802565 Not Applicable Zip __ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVER, WENDY Street Address (P.O. Box Number is Not Acceptable) 3300 NE 191 ST. #1405 **AVENTURA FL 33180** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SILVER, S A NAME NAME STREET ADDRESS STREET ADDRESS 149 PARK RD. CITY-ST-ZIP CITY-ST-ZIE MONMOUTH BEACH NJ 07750 Silver-Gordon, Wendy 5121 N. 36th ct. **∕** Change ☐ Delete TITLE Addition TITLE NAME NAME SILVER, WENDY STREET ADDRESS STREET ADDRESS 3300 NE 191ST #1405 Hollywood, FL 33021 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** Delete TITLE Charige Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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