

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90131 007 \*\*\*150.00

**DOCUMENT # K60706**

1. Entity Name  
**SILVERIVER COSMETICS CORPORATION**

Principal Place of Business

**50 WEST 21ST STREET  
HIALEAH FL 33010**

Mailing Address

**50 WEST 21ST STREET  
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0118457**

Applied For  
Not Applicable

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

**LOPEZ, ADA C.  
1525 CLEVELAND RD.  
BISCAYNE POINT  
MIAMI BCH. FL 33141**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PSD** ☐ Delete  
NAME **LOPEZ, ADA C.**  
STREET ADDRESS **1525 CLEVELAND RD**  
CITY-ST-ZIP **MIAMI BCH. FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/02 (305) 858-2212**  
Date Daytime Phone #

CR2E034 (4/02)

Attachment

**JUAN A. SERNA, JR.**

**CERTIFIED PUBLIC ACCOUNTANT**

K 60706

45 SOUTHWEST 19TH ROAD • MIAMI, FLORIDA 33129-1504 • TEL (305) 858-2212 • FAX (305) 854-0575

122644

July 20, 2002

Division Of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**Re: SILVERIVER COSMETICS CORP.**

**Doc. # K 60706**

**To Whom It May Concern:**

**Enclosed is the 2002 Uniform Business Report. Please excuse the delay in filing. The entity never received the original packet. The postal service sometimes misplaces the mail. In many instances our neighbors bring us mail left by the postal carrier and vice versa.**

**Enclosed is the regular fee of \$ 150.00.**

**Your understanding is greatly appreciated.**

Sincerely,

  
Juan A. Serna, Jr.