

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90197 026 ***150.00

DOCUMENT # P00000095223

1. Entity Name
SILVER-ZONE, INC.

Principal Place of Business

Mailing Address

11401 NW 12TH ST
 STE 454
 MIAMI FL 33172

16235 S.W. 103RD TERRACE
 MIAMI FL 33196

2. Principal Place of Business

11401 NW 12th St.

3. Mailing Address

16235 SW 103rd Terrace

Suite, Apt. #, etc.

STE 454

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

33196

Country

USA

4. FEI Number

65-1050744

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIROLDE, IRENE

16235 S.W. 103RD TERRACE

MIAMI FL 33196

7. Name and Address of New Registered Agent

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

Irene M. Chirolde

3/12/02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHIROLDE, CARLOS R	
STREET ADDRESS	16235 S.W. 103RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHIROLDE, IRENE M	
STREET ADDRESS	16235 S.W. 103RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIROLDE, IRENE M	
STREET ADDRESS	16235 SW 103rd Terrace	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIROLDE, CARLOS R.	
STREET ADDRESS	16235 SW 103rd Terrace	
CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Irene M. Chirolde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

(305) 408-8164

Daytime Phone #

CR2E034 (9/01)