

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101805

1. Entity Name

SILVERBIRD CORPORATION

Principal Place of Business

318 Indian Trace #212
Weston Fl. 33326

Mailing Address

318 Indian Trace #212
Weston Fl. 33326

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1054103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOBAL BUSINESS SOLUTIONS GROUP CORP.
5440 STATE ROAD 7 SUITE 221
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name MARIA DIAZ

Street Address (P.O. Box Number is Not Acceptable)

1290 WESTON ROAD

SUITE 210

City WESTON

FL

Zip Code 33326

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

Maria A. Diaz - MARIA A. DIAZ

04.30.01

Signature, typed or printed name of registered agent and fee is 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, 2001 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 PST
NAME Simonovis, Miriam C
STREET ADDRESS 318 Indian Trace #212
CITY-ST-ZIP WESTON FL 33326

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Miriam C. Simonovis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90015 029 ***150.00

C0071872

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)