

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90175 008 ***150.00

DOCUMENT # *PD1000032735*

1. Entity Name

SILVER STOP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3201 E. Colonial Dr

Suite, Apt. #, etc.

T19

3. Mailing Address

2167 So. Kirkman Rd

Suite, Apt. #, etc.

210

City & State

Orlando FL

City & State

Orlando FL

Zip

32803

Country

USA

Zip

32811

Country

USA

4. FEI Number

59-3708410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Roshan Lakhani

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

2167 So. Kirkman Rd

Apt # 210

City

Orlando

FL

Zip Code

32811

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 *X/ Roshan Lakhani* *ROSHAN LAKHANI*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.23.02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*PD
Roshan Lakhani
2167 So. Kirkman Rd, #210
Orlando FL 32811*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *X/ Roshan Lakhani* *ROSHAN LAKHANI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.02

Date

407-896-8965

Daytime Phone #

CR2E034B (12/01)