2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
01-23-2002 90055 027 ***150.00

DOCUMENT # P01000060470

1. Entity Name
SILVER CITY 4, INC.

Principal Place of Business	Mailing Address
3890 W. COMMERCIAL BLVD SUITE 214 FORT LAUDERDALE FL 33309 US	3890 W. COMMERCIAL BLVD SUITE 214 FORT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11401 Pines Blvd.	11401 Pines Blvd.
Suite, Apt. #, etc.: 270	Suite, Apt. #, etc.: 270
City & State: Pembroke Pines, FL	City & State: Pembroke Pines FL
Zip: 33026 Country	Zip: 33026 Country

4. FEI Number: 65-1113491 ☐ 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
KING, MARK 3890 W. COMMERCIAL BLVD SUITE 214 FORT LAUDERDALE FL 33309	Name: Steven Berkowitz Street Address (P.O. Box Number is Not Acceptable): 11401 Pines Blvd #270 City: Pembroke Pines FL Zip Code: 33026

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: Steven Berkowitz owner DATE: 2/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	owner/Pres Steven Berkowitz 11401 Pines Blvd. #270 Pembroke Pines FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET AD / CITY-ST-Z		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

SIGN HERE

CR2E034 (9/01)

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: Steven Berkowitz 1/10/02 954 845-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #