

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90083 007 \*\*\*550.00

DOCUMENT # *P02000034701*

1. Entity Name

SIMPLY SILVER DIRECT, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2800 Biscayne Blvd.

3. Mailing Address

Suite, Apt. #, etc.  
Suite 777

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State

4. FEI Number

*77-0591469*

Applied For

Not Applicable

Zip  
33137

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Tommy D. Meadows

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

2800 Biscayne Blvd. Suite 777

City Miami

FL

Zip Code  
33137

**DO NOT WRITE  
IN THIS SPACE**

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

*Tommy D. Meadows*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*08/06/03*

**FEE IS \$61.25**  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Tommy D. Meadows, P/D  
650 West Avenue, Suite #1504  
Miami Beach, Florida 33139

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Susan M. Rosen, V/D  
7118 Bonita Drive, Suite 902  
Miami Beach, Florida 33141

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tommy D. Meadows* Tommy D. Meadows President

*08/06/03*

*305.804.8249*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)