

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

CR2E034 (10/02)

DOCUMENT # **P02000050647**



1. Entity Name
SILVER CROSSING CENTER, INC.

04-23-2003 90143 042 ***150.00

Principal Place of Business
**20636 BISCAYNE BOULEVARD
AVENTURA FL 33180**

Mailing Address
**20636 BISCAYNE BOULEVARD
AVENTURA FL 33180**



2. Principal Place of Business
20614 BISCAYNE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
20614 BISCAYNE BLVD.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
AVENTURA, FLA.

City & State
AVENTURA, FLA.

4. FEI Number
03-0447102

Applied For
 Not Applicable

Zip
33180

Zip
33180

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

**HALBERSTEIN, DANIEL
20636 BISCAYNE BOULEVARD
AVENTURA FL 33180**

Name
Street Address (P.O. Box Number is Not Acceptable)
20614 BISCAYNE BLVD.
City **AVENTURA** FL Zip Code **33180**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/4/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Daniel Halberstein 20614 Biscayne Blvd. Aventura, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all prior like empowered.

SIGNATURE: *[Signature]* **DANIEL HALBERSTEIN** 4/4/03 (305) 933-1060
Signature and typed or printed name of signing officer or director Date Daytime phone #