

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90155 035 ***150.00

DOCUMENT # **02000058385**

1. Entity Name

SILVERWORD, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

356 Whitehorn Dr.

Suite, Apt. #, etc.

3. Mailing Address

356 WHITEHORN DR

Suite, Apt. #, etc.

City & State

Miami Springs, FL

City & State

MIAMI SPRINGS, FL

4. FEI Number

56-2326510

Applied For

Not Applicable

Zip **33166**

Country

USA

Zip **33166**

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA CASSIDY

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

356 WHITEHORN DR.

City

MIAMI SPRINGS

FL

Zip Code

33166

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P/T
MARIA CASSIDY
356 WHITEHORN DR
MIAMI SPRINGS, FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Maria Cassidy (MARIA CASSIDY) 3-24-03 305 456-0969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)