

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010258

1. Entity Name

SILVER PALMS HOLDING CORP.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90016 003 \*\*\*158.75

Principal Place of Business

Mailing Address

7900 MIAMI GARDEN DRIVE WEST  
MIAMI LAKES FL 33016

P.O. BOX 170770  
%STATE BANK  
HIALEAH FL 33017-0770  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0387758

Applied For

Not Applied For

Zip

Country

Zip

Country

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

ROSENBERG, DONALD S  
1 S.E. 3RD AVE.  
SUITE 3050  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

DP  
BIGGS, WILLIAM  
1550 N.E. MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
KISLAK, JAY I  
7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
~~SIMON, HARVEY I~~  
1550 N.E. MIAMI GARDENS DR.  
NORTH MIAMI BEACH FL 33179

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VST  
HIME, MOLLY A  
1550 N.E. MIAMI GARDENS DR.  
NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Additor

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Additor

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/2000 (305) 364-4268