

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021965

1. Entity Name

SILVER PALM SHOPPING CENTER, INC.

Principal Place of Business

22528 SW 177 AVE.  
SHOPPING CENTER  
MIAMI FL 33170

Mailing Address

22528 SW 177 AVE.  
SHOPPING CENTER  
MIAMI FL 33170-3708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0400626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYES, ARMANDO  
9150 S.W. 166TH PLACE  
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Juan A. Reyes

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

22400 SW 177th Avenue

City

Miami

FL

Zip Code

33170

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
REYES, JUAN A  
22400 S.W. 177TH AVENUE  
MIAMI FL 33170

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
REYES, JOSEFA M  
22400 S.W. 177TH AVENUE  
MIAMI FL 33170

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
REYES, ARMANDO  
9150 SW 166TH PLACE  
MIAMI FL 33196

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90052 004 \*\*\*150.00

632897



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)