FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE

ess, with all other like empowered.

Apr 29, 2002 8:00 am \$ Secretary of State P93000021965 DOCUMENT # 1. Entity Name SILVER PALM SHOPPING CENTER, INC. 04-29-2002 90022 041 ***150.00 Principal Place of Business Mailing Address 22528 SW 177 AVE. 22528 SW 177 AVE. SHOPPING CENTER SHOPPING CENTER MIAMI: FL: 33170 MIAMI FL 33170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0400626 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REYES, JUAN A Street Address (P.O. Box Number is Not Acceptable) 22400 SW 177TH AVENUE **MIAMI FL 33170** Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP ☐ Delete TITLE ☐ Addition NAME REYES, JUAN A NAME STREET ADDRESS 22400 S.W. 177TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33170 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME REYES, JOSEFA M NAME STREET ADDRESS 22400 S.W. 177TH AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33170** CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME 🚅 REYES. ARMANDO. NAME STREET ADDRESS STREET ADDRESS 9150 SW 166TH PLACE CITY-ST-7IP MIAMI FL 33196 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date

Daytime Phone #