

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057719

1. Entity Name

SILVER STAR EXPRESS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90047 011 ***150.00

Principal Place of Business

Mailing Address

380 ALLWOOD RD
CLIFTON NJ 07012
US

PO BOX 370652
MIAMI FL 33137-0652

911040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0618303

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 VP ☒ Delete
NAME SNYDER, PHILIP
STREET ADDRESS 8201 NW 56TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DAVP ☐ Delete
NAME BRANNAN, WILLIAM
STREET ADDRESS 380 ALLWOOD RD
CITY-ST-ZIP CLIFTON NJ 07012

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME BROOKS, MICHAEL
STREET ADDRESS 8201 NW 37TH ST
CITY-ST-ZIP MIAMI FL 33127

TITLE ☒ Change ☐ Additio
NAME
STREET ADDRESS 3026 N COMMERCE PARKWAY
CITY-ST-ZIP MIAMI FL 33025

TITLE ST ☐ Delete
NAME SILVER, PETER
STREET ADDRESS 60 N W 37TH STREET
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GALINSKY, MARTIN
STREET ADDRESS 8201 NW 56TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Additio
NAME
STREET ADDRESS 3026 N COMMERCE PARKWAY
CITY-ST-ZIP MIAMI FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio
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:

Michael Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BROOKS 1-10-00 954-447-5000

Date

Daytime Phone #