## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am **DOCUMENT #** P95000057719 **Secretary of State** 1. Entity Name 02-07-2002 90008 023 \*\*\*150.00 SILVER STAR EXPRESS, INC. Principal Place of Business Mailing Address 380 ALLWOOD RD PO BOX 370652 CLIFTON NJ 07012 MIAMI FL 33137 2. Principal Place of Business Mailing Address 300320 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 65-0618303 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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, typed or printed name of registered agent and title if applicable - DATE FILE NOWILL FEE IS \$150.00 Attar May 1, 2002 Fee will be \$50.00 to Check Psyable to Department of State 9. This corporation is eligible to satisfy its Intangible (0. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRE DAVP THLE Addition ☐ Delete BRANNAN, WILLIAM MAME MAME 80 Wester Street 380 ALLWOOD RD STREET ADDRESS STREET ADDRESS CĮTY-ST-ZIP CLIFTON NJ 07012 CITY-ST-ZIP ☐ Change · ☐ Addition TITLE DP Delete TITLE BROOKS, MICHAEL NAME NAME STREET ADDRESS 3026 N COMMERCE PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025 Change Addition TITLE TITLE ☐ Delete NAME Silver, Peter NAME 3026 Decommerce Parksony STREET ADDRESS STREET ADDRESS 60'N W 37TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 Addition TITLE ☐ Change THEF ☐ Delete NAME GALINSKY, MARTIN NAME STREET ADDRESS 3026 N COMMERCE PARKWAY STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP TITLE TITLE Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS GTY-ST-ZIP CITY-ST-7IP TITLE Channe Addition Delete TITLE NAME NAME '''1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

MICHAEL

SIGNATURE