

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90093 001 ***150.00

DOCUMENT # P95000071891

1. Entity Name

SILVER ROSE, INC.

Principal Place of Business

Mailing Address

4770 BISCAYNE BLVD
 910
 MIAMI FL 33137
 US

4770 BISCAYNE BLVD
 910
 MIAMI FL 33137-3244
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0611439

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete D NANO, THIERRY ADDRESS: 16 SOUTH RIVER ROAD & BAY STREET ST-ZIP: KINGSTOWN, SAINT VINCENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
<input type="checkbox"/> Delete ADDRESS: _____ ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
<input type="checkbox"/> Delete ADDRESS: _____ ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
<input type="checkbox"/> Delete ADDRESS: _____ ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
<input type="checkbox"/> Delete ADDRESS: _____ ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
<input type="checkbox"/> Delete ADDRESS: _____ ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information furnished 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

3/17/00
 Date

Daytime Phone # _____

CR2000 (03/00)