2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000089982 DOCUMENT

1. Entity Name

SILVERADO-STAR ENTERPRISES, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90230 012 ***150.00

Suite, Apr. 4, etc. Suite, Ap	Principal Place of Business Mailing Address 2401 NW 30TH AVE 2401 NW 30TH AV MIAMI FL 33142 MIAMI FL 33142				
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State State Policy State	. Principal Pl	ace of Business	3. Mailing Address		
To Country	Suite, Apt. #, etc. Suite, Apt. #, e				CHECK HERE IF MAKING CHANGES
Zip Country Zip Country 5. Certificate of Status Desired	City & State City 8		City & State	. *-	1 4. TETHORISON GE_069/19/19
PEQUENO, TOMAS 2401 NW 30TH AVE MIAMIF L 33142 City FL Zip Code 3. The above named antity submits this statement for the purcose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the State of Florida State of Florida. I am familiar with, and accept the State of Florida State of	Zip	Country	Zip	Country	5 Cortificate of Status Desired \$8.75 Additional
PEQUEND, TOMAS 2401 NW 30TH AVE MIAMI FL 33142 City FL 7/p Code The ubove named entity submits this statement for the purpose of changing its registrored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: PEQUEND, TOMAS 2401 NW 30TH AVE MIAMI FL 33142 City FL 7/p Code City FL		C. Name and Address of Curre	nt Registered Agent	<u> </u>	
2401 NW 30TH AVE MAMI FL 33142 City FL Zip Code 5. The above named entry submits this stetement for the purpose of changing its registered office or registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. SIGNATURE: ### Application Speed or private invent of agentiance in equivation in equivation. ### Application Speed or private invent of agentiance in equivation. ### Application Speed or private invent of agentiance. ### Application Speed or private invent or agentiance. ### Application Speed or private invent or agentiance. ### Application Speed or private invent or agentiance. ### Application Speed or agent or agent of agent or agent or agent or agent of agent or agen		8. Name and Address of Curre	int negistored Agent	Name	
The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00				Street Addres	ss (P.O. Box Number is Not Acceptable)
SIGNATURE Change Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE	MIAMI FL 3	33142		City	FL Zip Code
Added to Fees Trust Fund Contribution. Added to Fees Ad	the obligati	ions of registered agent. -eignature, typed or printed name of registered ag			uired when reinstating) DATE
TITLE MANE SIREET ADDRESS CITY-ST-2P TITLE MAME	After	May 1, 2003 Fee will be \$550.0	t of State		Trust Fund Contribution. Added to Fees
MANE PEOUENO, TOMAS STREET ADDRESS 2401 NW 30TH; AVE MIAMI FL 33142 TITLE MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addition MANE STREET ADDRESS CITY-ST-ZIP Change Addit	10.		ND DIRECTORS	11.	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 triptatee empowered to explore this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with a haddress, with all other like empowered. SIGNATURE:	TITLE NAME STREET ADDRESS		Delete .	NAME STREET ADDRESS	☐ Change ☐ Addition
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SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	12. I hereby indicated of the co-	certify that the information supplied to n this report or supplemental report por attention or the receiver or trustee e, or on an attachment with all address.	ripowered to percule this reput ss, with all other like empowered CURI PROPERTY	or the exemption stated in my signature shall have that as required by Chapter the control of th	oor, Honda cidatoo, and making mano appearance