

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092623

1. Entity Name
SIMPLY SILVER, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90092 047 ***150.00

Principal Place of Business
**20505 S. DIXIE HIGHWAY
MIAMI FL 33189**

Mailing Address
**820 PALERMO AVENUE
CORAL GABLES FL 33134-4848
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
333 Aragon Avenue
Suite, Apt. #, etc.
505 E
City & State
Coral Gables, Florida
Zip
33134
Country

4. FEI Number **65-0623172**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MEDEROS, MAYRA
820 PALERMO AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name
Mayra Mederos
Street Address (P.O. Box Number is Not Acceptable)
333 Aragon Avenue #505 E
City
Coral Gables FL Zip Code
33134

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 **Mayra Mederos** (NOTE: Registered Agent signature required when reinstating)
DATE **01-06-00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MEDEROS, MAYRA 820 PALERMO AVENUE CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MEDEROS, MAYRA 820 PALERMO AVENUE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete MEDEROS, MAYRA 820 PALERMO AVENUE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mayra Mederos 333 Aragon Ave #505 E Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elia Gonzalez 2832 SW 38 avenue Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mayra Mederos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Aragon Ave #505 E Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mayra Mederos** (NOTE: Signature and typed or printed name of signing officer or director)
Date **01-06-00** Daytime Phone # **(305) 968-8289**