FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2001 8:00 am DOCUMENT # P95000092623 Secretary of State SIMPLY SILVER, INC. 05-01-2001 90132 008 ***158.75 Principal Place of Business Mailing Address 20505 S. DIXIE HIGHWAY 333 ARAGON AVE 505 MIAMI FL 33189 CORAL GABLES FL 33134 Principal Place of Business 323 MI/QUE Miracle Mile Spite, Apt. #, etc. DO NOT WRITE IN THIS SPACE State 4. FEI Number 65-0623172 Applied For able 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 MEDEROS, MAYRA 333 AFAGON AVE #505 - 323 Mirable Mile Street Address (P.Q. **CORAL GABLES FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Delete TITLE President mayra Mederos 323 Mirocle Mile Coral Gables, Fl MEDEROS, MAYRA NAME STREET ADDRESS 333 ARAGON AVE # 505 E STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ura Mederos GONAZLEZ, ELIA NAME NAME & miracle Mile STREET ADDRESS 2832 SW 38 AVE STREET ADDRESS CITY_ST_7IP Coral Gebles F133131 CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Addition TITLE TITLE □ Delete Mour a Mederus MEDEROS, MAYRA NAME NAME 323 miracle Mile 333 ARAGON AVE #505 E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Coral Bables Fl 33134 CITY-ST-ZIP **CORAL GABLES FL 33134** Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.