

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90330 017 \*\*\*150.00

**DOCUMENT # P96000012716**

1. Entity Name  
**SILVER STYLES, INC.**

Principal Place of Business

3911 JOG ROAD #213  
 LAKE WORTH FL

Mailing Address

21589 MAGDALENA TERRACE  
 BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5283 W. Atlantic Ave

Suite, Apt. #, etc.

3-5

City & State

Delray Beach FL

Zip

33484

Country

P.B.C.

3. Mailing Address

5283 W. Atlantic 3-5

Suite, Apt. #, etc.

3-5

City & State

Delray Beach FL

Zip

33484

Country

P.B.C.

4. FEI Number 65-0636099

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RICCIOLI, AGATA B  
 21589 MAGDALENA TRAIL  
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Agata Riccioli

Street Address (P.O. Box Number is Not Acceptable)

5283 W. Atlantic Ave

3-5

City

Delray Beach

FL

Zip

33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Agata Riccioli*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/17/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME D  
 STREET ADDRESS RICCIOLI, AGATA  
 CITY-ST-ZIP 5283 W. ATLANTIC AVE., 3-5  
 DELRAY BEACH FL 33484

TITLE ☐ Delete  
 NAME M  
 STREET ADDRESS RICCIOLI, KENNETH J  
 CITY-ST-ZIP 5283 W. ATLANTIC AVE., 3-5  
 DELRAY BEACH FL 33484

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: *Agata Riccioli*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02 561-638-0997  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
~~8/13/18~~  
B0131185  
D# P96000012716

To Katherine Harris,

I am writing to you about the attached notice I recently received. I have filled it out completely and I am asking for a waiver of the late fees.

Our mailing address changed last July and the notice was the first I received. We are a small business suffering in these poor economic times. I would deeply appreciate your leniency. Sincerely,

Kenneth Kicior  
561-638-9297