2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P96000034798 1. Entity Name SILVER STREAK, INC.

03-04-2000 90029 039 ***150.00

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Principal Place of Business Mailing Address					7				
CREEK FL 33066		1960 NW 38TH TERRACE COCONUT CREEK FL 33066-3005 US				-			
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
e	City & State			4. F				plied For t Applicable	
	Country	Zip	Counti	Country		Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
-		· · ·		Name	-				
Hunter, e t esq. 1930 tyler street				Street Address (P.O. Box Number is Not Acceptable)					
			ļ	City	_		FL	Zip Code	
named entit	y submits this statement fo	or the purpose of changing its	registere	d office or reg	istered ag	ent, or both, in the State of Flori	da.		
Signature, typed	or printed name of registered agent	and title if applicable (NOT	E: Registered	Agent signature re-	quired when re	instating)	DATE		
Tax filing requirement and elects to do so After N			r MAY 1, 2000 Fee will be \$550.00			10. Election Campaign Final Trust Fund Contribution.	ncing	\$5.0 Added	0 May Be to Fees
11. OFFICERS AND DIRECTORS 12.					AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	SIN 11
D	OCEDIA	☐ Delete	TITLE					☐ Change	Addition
1									
COCONO	I CUEEN LE 22000		TITLE					Change	Addition
		LI Delete							
1				1					
	TERRACE EK FL 33066 Place of Busin #, etc. e 6. Name TER, E T ET LYWOOD FI e named entit Signature, typed oration is elig requirement a ria on back) D CALVO, J 1960 NW	TERRACE EK FL 33066 Place of Business #, etc. e Country 6. Name and Address of Current TER, E T ESQ. TYLER STREET LYWOOD FL 33020 e named entity submits this statement for signature, typed or printed name of registered agent prequirement and elects to do so, ria on back) OFFICERS AND	TERRACE EK FL 33066 Place of Business #, etc. City & State Country Cou	TERRACE EK FL 33066 Place of Business 3. Mailing Address #, etc. City & State Country TER, E T ESQ. TYLER STREET LYWOOD FL 33020 In a mand entity submits this statement for the purpose of changing its registered agent and little if applicable Proportion is eligible to satisfy its Intangible requirement and elects to do so. Pria on back) D CALVO, JOSEPH 1960 NW 38TH TERRACE COCONUT CREEK FL 33066	TERRACE EK FL 33066 1960 NW 38TH TERRACE COCONUT CREEK FL 33066-3005 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Country 6. Name and Address of Current Registered Agent Name TER, E T ESQ. TYLER STREET LYWOOD FL 33020 City spenamed entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back) D CALVO, JOSEPH 1960 NW 38TH TERRACE COCONUT CREEK FL 33066	TERRACE EK FL 33066 Ilace of Business 3. Mailing Address #, etc. Country Country Zip Country 5. Country 5. Country 6. Name and Address of Current Registered Agent Name TER, E T ESO. TYLER STREET LYWOOD FL 33020 City In amed entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable (NOTE: Registered Agent signature recuired when recording its eligible to satisfy its Intangible requirement and elects to do so. ria on back) Defendence of Business 3. Mailing Address City & State 4. F. Country 5. Country 6. Name and Address of Current Registered Agent 7. J. Name Street Address (P.O. B. City City FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE NAME NAME NAME NAME NAME TILE NAME NAME TILE NAME NAME TILE NAME NAME TILE NAME	TERRACE EK FL 33066 1950 NW 38TH TERRACE COCONUT CREEK FL 33066-3005 1950 Suite, Apt. #, etc. 1950 NW 38TH TERRACE COCONUT CREEK FL 33066-3005 1950 Suite, Apt. #, etc. 1950 NW 38TH TERRACE COUNTRY 2 Suite, Apt. #, etc. 2 City & State 3. Mailing Address 4. FEI Number 65-0671092 Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name TER, E T ESQ. TYLER STREET LYWOOD FL 33020 City Cit	TERRACE EK FL 33066 180 NW 38TH TERRACE COCONUT CREEK FL 33066-3005 18 ce of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. Country Country Zip Country 5. Certificate of Status Desired F. Name and Address of Current Registered Agent Name TER, E T ESQ. TYLER STREET LYWOOD FL 33020 City FL Inamed entity submits this statement for the purpose of changing its registered Agent signature required when reinhanding) TOTE, Programmed Agent signature required when reinhanding) Direction is eligible to satisfy its Intangible requirement and elects to do so. India on back) OFFICERS AND DIRECTORS Direct Address (PO. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Direct Address (PO. Box Number is not both, in the State of Florida. 10. Election Campaign Financing Trust Fund Contribution. TRIE NAME SIRECT ADDRESS CITY-ST-ZIP INAME NAME NAME SIRECT ADDRESS CITY-ST-ZIP INAME INAME	TERRACE 1960 NW 38TH TERRACE COCONUT CREEK FL 33066 3005 US

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

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

Delete_

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 offer like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_ Change

Addition