

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90182 002 \*\*\*150.00

**DOCUMENT # P96000070877**

1. Entity Name

**SILVERSTONE INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

751 COLLINS AVE  
101  
MIAMI BEACH FL 33139  
US751 COLLINS AVE  
101  
MIAMI BEACH FL 33139-6206  
US

2. Principal Place of Business

3. Mailing Address

4862 SW 72 RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Miami

FL

4. FEI Number

65-0688932

Applied For

Not Applicable

Zip

Country

Zip

Country

33157

DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MARTINEZ, JUAN C  
751 COLLINS AVE  
SUITE 101  
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSD	MARTINEZ, JUAN C	751 COLLINS AVE	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input type="checkbox"/>
VTD	FRAGA, ELENA	751 COLLINS AVE	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

305 666 6177

CR2E034 (9/99)