

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 05, 2000 08:00 AM
Secretary of State

DOCUMENT # P96000087974

1. Entity Name
 THE SILVER SUNFLOWER INC.

Principal Place of Business DADELAND MALL 7535 DADELAND BLVD. MIAMI 33156	FL	Mailing Address 16603 SAPPHIRE MANOR WESTON 33331	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number
65-0704332

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPIVACK KENNETH 16603 SAPPHIRE MANOR WESTON FL 33331 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE **01/05/2000**
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	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ MRIA ELENA			NAME	MARTINEZ MARIA ELENA		
STREET ADDRESS	16603 SAPPHIRE MANOR			STREET ADDRESS	16603 SAPPHIRE MANOR		
CITY-ST-ZIP	WESTON FL 33331			CITY-ST-ZIP	WESTON FL 33331		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPIVACK KENNETH N			NAME			
STREET ADDRESS	16603 SAPPHIRE MANOR			STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 33331			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				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.

SIGNATURE: Kenneth Spivack R 01/05/2000