

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90306 011 \*\*\*150.00

**DOCUMENT # P97000018291**

1. Entity Name  
**SILVER LINING SERVICES, INC.**

Principal Place of Business Mailing Address  
~~800 SAVANNAH FALLS DRIVE~~ ~~800 SAVANNAH FALLS DRIVE~~  
~~FORT LAUDERDALE FL 33327~~ ~~FORT LAUDERDALE FL 33327~~  
**1598 BLUE JAY CIR**  
**Weston FL 33327-2007**

**C0049540**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1598 Blue Jay Cir** **1598 Blue Jay Cir**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Weston FL**

4. FEI Number **65-0731854** Applied For  
 Not Applicable

Zip Country Zip Country  
**33327-2007 FL** **33327-2007 FL**

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**

~~AMERILAWYER CHARTERED~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

Name **Gloria Martinez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1598 BLUE JAY CIR**  
 City **Weston** FL Zip Code **33327**

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 *Gloria Martinez* (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, 2001 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	PSTD MARTINEZ, GLORIA <del>800 SAVANNAH FALLS DRIVE</del> <del>FORT LAUDERDALE FL 33327</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDEZ, GERMAN <del>800 SAVANNAH FALLS DRIVE</del> <del>FORT LAUDERDALE FL 33327</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1598 BLUE JAY CIR</b> <b>Weston FL 33327</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1598 BLUE JAY CIR</b> <b>Weston FL 33327</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gloria Martinez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/12/01** Daytime Phone # **(954) 349-9092**

CR2E034 (10/00)