

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098925

1. Entity Name
SILVER TREND INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90074 045 ***158.75

Principal Place of Business
13269 LAKE BRYAN DR
ORLANDO FL 32831

Mailing Address
13269 LAKE BRYAN DR
ORLANDO FL 32821-6336

2. Principal Place of Business
1840 HOLLYWOOD AVE.
Suite, Apt. #, etc.

3. Mailing Address
1840 HOLLYWOOD AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Winter Park FL
Zip
32789
Country
U.S.A.

4. FEI Number 59-3479506
Applied For
Not Applicable

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

DA SILVA, JOSE J
13269 LAKE BRYAN DR
ORLANDO FL 32821

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SILVA, JOSE J		NAME	DA SILVA, Jose J.	
STREET ADDRESS	6258 PEREGRINE COURT		STREET ADDRESS	1840 HOLLYWOOD AVE.	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	Winter Park FL 32789	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, VERONICA		NAME	SILVA, Veronica	
STREET ADDRESS	6258 PEREGRINE COURT		STREET ADDRESS	1840 HOLLYWOOD AVE	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	Winter Park FL 32789	
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		
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: Julio C. DA SILVA 4-15-00 (407) 247-8635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)