FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -3 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098925

1. Entity Name

Silver Trend Inc.

DO NOT WRITE IN THIS SPACE

900020561919
06/06/03--01010--006 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1785 Hollywood Ave.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, Florida	City & State
Zip: 32789 / Country	Zip / Country

4. FEI Number: 593479506 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jose Julio C. Da Silva

Street Address (P.O. Box Number is Not Acceptable): 2325 Lake Debra Dr. Apt #436

City: Orlando FL Zip Code: 32835

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - Jose Julio C. Da Silva 2325 Lake Debra Dr. Apt# 436 Orlando, Fl 32835	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T- Veronica Hoodless 1785 Hollywood Ave. Winter Park, Fl 32789	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900020561919 06/06/03--01010--007 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D- Walter G. Ferreira 229 NE Second Ave. Apt#304 Miami, Fl 33132	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Julio C. Da Silva 4/23/2003 (407)509-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 6/3