

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000928

1. Entity Name

SILVER STONE ASSOCIATES, INC.

Principal Place of Business

2901 N. DALE MABRY HWY., APT. 2004
TAMPA FL 33607

Mailing Address

2901 N. DALE MABRY HWY., APT. 2004
TAMPA FL 33607

2. Principal Place of Business

5307 ARCHSTONE Dr.

3. Mailing Address

5307 ARCHSTONE Dr.

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

TAMPA FL. 33634

City & State

TAMPA FL. 33634

Zip

33634

Country

Zip

33634

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0801932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

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

Robert Kurmakhev

4/22/01

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, 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

TITLE PSTD
NAME KOURMAKAEV, ROBERT K
STREET ADDRESS 3450 PALENCIA DR
CITY-ST-ZIP TAMPA FL 33618 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME KOURMAKAEV ROBERT ☐ Change ☐ Addition
STREET ADDRESS 5307 ARCHSTONE DR # 203
CITY-ST-ZIP TAMPA . FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Kurmakhev

DATE

4/22/01

Daytime Phone #

(408) 241-6594

0519086

CR2E034 (10/00)