

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048198

1. Entity Name

SILVER REALTY CORP.

Principal Place of Business

Mailing Address

16375 NE 18TH AVE
306
N MIAMI BEACH FL 33162
US

16375 NE 18TH AVE
306
N MIAMI BEACH FL 33162-4760
US

2. Principal Place of Business

3. Mailing Address

16375 NE 18th AVE

16375 NE 18th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

306

City & State
NORTH MIAMI BEACH FL

City & State
NORTH MIAMI BEACH FL

Zip
33162

Country

Zip

33162

Country

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90014 002 ***150.00

710799



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838141

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

ROSILLO, FRANK
8405 N.W. 53RD STREET
MIAMI FL 33015

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOLTANIK, ENRIQUE
3400 N.E. 192ND STREET #1708
MIAMI FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 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

1/26/2000 305 934 5653

Date

Daytime Phone #