

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000048198**1. Entity Name  
**SILVER REALTY CORP.**

Principal Place of Business	Mailing Address
16375 NE 18TH AVE	16375 NE 18TH AVE
307	307
N MIAMI BEACH	N MIAMI BEACH
33162	33162
US	US
FL	FL

2. Principal Place of Business  
16375 NE 18TH AVE3. Mailing Address  
16375 NE 18TH AVESuite, Apt. #, etc.  
201Suite, Apt. #, etc.  
201City & State  
N MIAMI BEACH FLCity & State  
N MIAMI BEACH FLZip  
33162Country  
USZip  
33162Country  
US4. FEI Number  
**65-0838141**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ROSILLO FRANK**  
8405 N.W. 53RD STREET**MIAMI** FL  
33015 US**7. Name and Address of New Registered Agent**Name  
**ROSILLO FRANK**Street Address (P.O. Box Number is Not Acceptable)  
**8600 N.W. 53RD TERRACE**

201

City  
**MIAMI** FL Zip Code  
33015

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 **ROSILLO,FRANK****01/12/2001**

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SOLTANIK ENRIQUE</b>	
STREET ADDRESS	<b>3400 N.E. 192ND STREET #1708</b>	
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOLTANIK FERNANDO</b>	
STREET ADDRESS	<b>3400 NE 192 ND STREET # 1708</b>	
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOLTANIK VALERIA</b>	
STREET ADDRESS	<b>3400 NE 192ND STREET # 1708</b>	
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOLTANIK SILVIA</b>	
STREET ADDRESS	<b>3400 NE 192ND STREET # 1708</b>	
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SOLTANIK,ENRIQUE**

D

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)