

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077855

1. Entity Name

SILVER LINING VENTURES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90065 027 ***150.00

Principal Place of Business

Mailing Address

2535 STATE ROAD 16
 ST AUGUSTINE FL 32092

2535 STATE ROAD 16
 ST AUGUSTINE FL 32092-0703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3537317

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATEL, AMI R
2535 STATE ROAD 16
ST AUGUSTINE FL 32092

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	<input type="checkbox"/> Delete
D	PATEL, RAMU S	2535 STATE ROAD 16	ST AUGUSTINE FL 32092	<input type="checkbox"/>
D	PATEL, SWATI R	2535 STATE ROAD 16	ST AUGUSTINE FL 32092	<input type="checkbox"/>
D	PATEL, AMI R	2535 STATE ROAD 16	ST AUGUSTINE FL 32092	<input type="checkbox"/>
D	PATEL, RAMILA R	2535 STATE ROAD 16	ST AUGUSTINE FL 32092	<input type="checkbox"/>
D	PATEL, SNEHAL R	2535 STATE ROAD 16	ST AUGUSTINE FL 32092	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00
 Date

9048256745
 Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE