

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090044

1. Entity Name

SILVERADO PROPERTIES, INC.

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

07-12-2000 90012 009 ***558.75

Principal Place of Business

Mailing Address

~~250 BIRD ROAD SUITE 206~~
~~CORAL GABLES FL 33146~~

~~250 BIRD ROAD SUITE 206~~
~~CORAL GABLES FL 33146~~

2. Principal Place of Business

3911 S.W. 67th AVE

3. Mailing Address

3911 S.W. 67th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL.

City & State

MIAMI, FL.

City & State

Zip 33155

Country

Zip 33155

Country

4. FEI Number

65-0874543

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ-PADRON, CARLOS

~~250 BIRD ROAD SUITE 206~~
~~CORAL GABLES FL 33146~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3911 S.W. 67th AVE.

City

MIAMI, FL.

FL

Zip Code

33155

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] PRES.

6/19/00

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 PD ☐ Delete
NAME DIAZ-PADRON, CARLOS
STREET ADDRESS ~~250 BIRD ROAD SUITE 206~~
CITY-ST-ZIP ~~CORAL GABLES FL 33146~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3911 S.W. 67th AVE.
CITY-ST-ZIP MIAMI, FL. 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] PRES. CARLOS DIAZ-PADRON 6/19/00 (305) 442-6365

Date

Daytime Phone #

CR2E034 (9/99)