

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**  
 05-07-2001 90005 013 \*\*\*150.00

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**DOCUMENT # P98000094257**

1. Entity Name

**SILVERADE LIMITED, INC.**

Principal Place of Business

**C/O MARIO A. IGLESIAS  
 1200 BRICKELL AVE  
 MIAMI FL 33131**

Mailing Address

**C/O MARIO A. IGLESIAS  
 1200 BRICKELL AVE  
 MIAMI FL 33131**

2. Principal Place of Business

**200 So. Biscayne Blvd.**

Suite, Apt. #, etc.

**Suite 2000**

City & State

**Miami, Florida 33131-2310**

Zip

Country

**33131-2310**

**USA**

3. Mailing Address

**200 So. Biscayne Blvd.**

Suite, Apt. #, etc.

**Suite 2000**

City & State

**Miami, Florida 33131-2310**

Zip

Country

**33131-2310**

**USA**

6. Name and Address of Current Registered Agent

**AGIM REGISTERED AGENTS, INC.  
 1200 BRICKELL AVE. STE 900  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**James M. Meyer, Esq.**

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

**Kilpatrick Stockton LLP**

**Suite 2000**

City **200 So. Biscayne Boulevard**

**Miami, Florida**

Zip Code

**33131-2310**

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

**James M. Meyer, Esq. March 1, 2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **GUTIERREZ, JUAN JOSE**  
 STREET ADDRESS **SECTION 1510, P.O. BOX 025339**  
 CITY-ST-ZIP **MIAMI FL 33102-5339**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **Juan Jose Gutierrez**  
 STREET ADDRESS **Suite 2000**  
 CITY-ST-ZIP **200 So. Biscayne Boulevard**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Miami, Florida 33131-2310**

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: **536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)