

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000453

1. Entity Name

G. B. SILVER CORPORATION

Principal Place of Business

520 BRICKELL KEY DR.M STE. 0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DR.M STE. 0-305
MIAMI FL 33131-2619

2. Principal Place of Business

1570 Madruga Ave

Suite, Apt. #, etc.

Ste 200

City & State

Coral Gables FL

Zip 33146

Country USA

3. Mailing Address

1570 Madruga Ave

Suite, Apt. #, etc.

Suite 200

City & State

Coral Gables FL

Zip 33146

Country USA

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90156 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0889653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DR.M STE. 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Luis Parajon

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

1570 Madruga Ave Ste 200

City

Coral Gables

FL

Zip Code 33146

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

Luis Parajon Luis Parajon

3/20/00

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

TITLE D ☐ Delete
NAME PARAION, LUIS
STREET ADDRESS 520 BRICKELL KEY DR.M STE. 0-305
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S ☒ Change ☐ Addition
NAME Parajon, Luis
STREET ADDRESS 520 Brickell Key Drive, Suite 0-305
CITY-ST-ZIP Miami, FL 33131

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

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

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

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

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:

Luis Parajon Luis Parajon

3/20/00

305 665 3066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (2/00)