

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/4

DOCUMENT # P99000026933

1. Entity Name

SILVER BLOCK, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90075 009 \*\*\*163.65

Principal Place of Business

5589 N.W. 201 STREET  
MIAMI FL 33055

Mailing Address

5589 N.W. 201 STREET  
MIAMI FL 33055 6641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0907016

Applied For  
Not Applicable

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

MEDINA, BALTAZAR  
5589 N.W. 201 STREET  
MIAMI FL 33055

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	0 PRESIDENT	<input type="checkbox"/> Delete
NAME	MEDINA, BALTAZAR	
STREET ADDRESS	5589 N.W. 201 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	MEDINA, JAVIER A.	
STREET ADDRESS	11201 SW 55 St. # 405	
CITY-ST-ZIP	Miramar, FL 33025-0000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Baltazar Medina  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000

Date

Daytime Phone #

CR2E034 (9/99)