

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
 07-20-2000 90019 005 ***150.00

DOCUMENT # P99000028040

1. Entity Name

SILVER PLAZA MAINTENANCE CORP

R

Principal Place of Business

4540 BONANZA STREET
 COCOA FL 32927

Mailing Address

4540 BONANZA STREET
 COCOA FL 32927

2. Principal Place of Business

4540 BONANZA

3. Mailing Address

4540 BONANZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

59-3506325

Applied For

Not Applicable

Zip

32927

Country

USA

Zip

32927

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEARY, MARIE P
 4540 BONANZA STREET
 COCOA FL 32927

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 NAME CLEARY, MARIE P
 STREET ADDRESS 4540 BONANZA STREET
 CITY-ST-ZIP COCOA FL 32927

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

7/10/00 407 632-10626

CR2E034 (5/00)

ATTACHMENT
P99000030040
0017844
07/18/00

To Division of Corporations
Uniform Business Report Filings

P.O. Box 1500
Tallahassee, FL 32302-1500

From Silver Playa Mont
Rep Mari Chary Corp.
4540 Bonanza St
Coconut #1 32927

In reference to Uniform Business
Report, I just received in the mail, a
form for filing Corporation for 2000.
This is the first time I have received
this form. I wish to have penalties
be waived. Please except my check
for 150.00, the original filing fee
for, I had no knowledge