## 2000 UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI	1. Entity Name		P990000	51 <b>0</b> 6	52		•			Ma	y 1	FIL 0, 20	ED 000 8	3:00 a
Pirroposi Place of Business SOLTH MAME FL 39155 SOLTH MAME FL 3915	SILENT P	ATH, INC.		į										
2. Principal Place of Business  3. Matyring Address  Surin. April 4. etc.  City & State  South MAM Ft. 33155  City Ft.  Zio Code  3. The above named only submits this absence to the purpose of changing its registered diffice or registered agent, or both, in the State of Paridia.  Signal Address (PC, Box Number is Nix Address (PC,	Principal Place	of Business		Mailing A	Address					`	)J 13 20	,00 ,00	12 022	150.00
Suite. Apt. 4. atc.  City & Suite  S. Careficiate of Satus Desired   \$8.75 Anabison   Fee Required		_			-	20								
Suite. Apt. 4, etc.  City & State  Chy & State  Country  Zip  City  FL  Zip Code  Zip  Zip Code  Zip Code  Zip  Zip Code  Zip Co	6 D: -:15)-			4	- Address									
Applied For   Name and Address of Current Registered Agent   S. Certificate of Status Desired   \$8.75 Additional Fee Regulated   \$											,,,, gs,,, ==,,,		.,01 1,211 80112 612	ia 7187 1881
Supplementary   Supplementar	Suite, Apt. #.	, etc.			•	-	· ·			,	NOT WRIT	E IN THIS	<u></u>	
B. Name and Address of Current Registered Agent  T. Name and Address of Hew Registered Agent  Fee Required  Name  IRICK, KIRKSTEN C 6331 SW 42ND TERRACE SOUTH MIAMI, FL 33155  City  FL Zip Code  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Signature, had by printed name of registered agent and use if seeperate.  (Intits impressive Agent separate agent, or both, in the State of Florida.  Signature in the state of Florida.  Signature in the state of Florida.  Fill NOW III FEE IS \$150.00  All Ref MAY 1, 2000 Fee will be \$550.00  Make Check Prayable to Department of State  NAME  SIGNATURES  OTH ST-2P  TITLE  OPERED THE  NAME  SIREH ADDRESS  OTY ST-2P  THE  Delete  THE  THE  Delete  THE  Delete  THE  THE  Delete  T	City & State			City <sub>s</sub> &	State			65	- <b></b> 500	125	51	2		
RICK, KIRKSTEN C 6331 SW 42ND TERRACE SOUTH MIAMI, FL 3315S  City FL Zip Code  7. The above named city submits this statement for the purpose of changing its registered diffice or registered apent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax liting requirement and elects to do so.  After MAY 1, 2000 Fne will be \$550.00  After MAY 1, 2000 Fne will be \$	Zip	C	Country	Zip <sup>†</sup>		Coun	try	5	. Certific	ate of Status	Desired			
STREAT ADDRESS OUT - ST-7P  THE NAME STREAT ADDR		6, Name and	Address of Current R	egistered	Agent		Name	7	. Name	and Address	of New R	egistered	Agent	
SIGNATURE  Signature, your or provider have or legislated signation at the purpose of changing its regislated office or regislated again, or both, in the State of Florida.  SIGNATURE  Signature, your or provider have or legislated signation at the Trust Control of Provided in the State of Florida.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  This corporation is eligible to selistly its Interrigible Tax litting requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  This Provider of the State of Payable to Department of State  This Provider of the State of Payable to Department of State  This Provider of Payable to Payable to Department of State  This Provider of Payable to Payable to Department of State  This Provider of Payable to Payable to Department of State  This Provider of Payable to Payable to Payable to Department of State  This Provider of Payable to Paya	IRICK	. KIRKSTEN (	2					d (DO	Day Mar	-fracia Nati				
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, your or present name of registered agent and use it aspects to the purpose of changing its registered Agent signature recinery.  9. This corporation is eligible to satisfy its interngible in Transgible of the Additional Community of the Addition	6331	SW 42ND TE	RRACE	•			Street Ad	dress (P.O	, BOX NU	TIDE! IS NOT		;) 		
8. The above named entity submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida.    Signature   Signature   Signature upward present present and elects to do an accordance of the present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present and elects to do an accordance of the present present present and elects to do an accordance of the present pres	3001	IL MINIMI LE	33133	:			City			<u></u>			Zip Code	
SIGNATURE  9. This corporation is eligible to satisfy its Intanglible Tax Illing requirement and elects to do so.  Make Check Payable 12.  11. OFFICERS AND DIRECTORS  12. ODDITIONS/EHANGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ODDITIONS/EHANGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS IN 11.  12. ODDITIONS/EDUTY OFFICERS AND DIRECTORS IN 11.  13. OFFICERS OFFICERS  14. ODDITIONS/EDUTY OFFICERS AND DIRECTORS IN 11.  15. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  16. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. OFFICERS AND DIRECTORS  19. OFFICERS AND DIRECTORS  10. OFFICERS AND D	9. The above	and sails as	besite this statement for	<u> </u>	o of phanoiso is		<u></u>	ranistated	20001 0	hath in the	State of Sie		-	
9. This corporation is eligible to sellisty its Intangible Tax Illing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. DDITIONS CHANGES TO OFFICERS AND DIRECTORS  12. DDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME SIREST ADDRESS CITY-ST-7P  ITILE  Delete ITILE NAME SIREST ADDRESS CITY-ST-7P  ITILE SIT ADDRESS CITY-ST-7P  ITILE SIREST ADDRESS CITY-ST-7P  ITILE SIRE	e. The appres	ramed entity su	omits this statement to	rue burbios	se or changing it	s regisier	ed dilice or	1601219190	адели, от	DOID, III IIIG	State of Fit	Jilua.		
Tax Eling requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME NAME STRET ADDRESS CITY-ST-ZP  TITLE NAME STRET ADDRESS CITY-ST-ZP	SIGNATURE _	Signature, typed of pr	inted hame of registered agent ar	d title if applica	able. (NO	TE: Registers	ed Agent signatur	re required wh	a-feinstabng	)		DAFE		
Tax Eling requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME NAME STRET ADDRESS CITY-ST-ZP  TITLE NAME STRET ADDRESS CITY-ST-ZP	9. This corpor	ation is eligible	to satisfy its Intangible	1/	FILE NOW	'!!! FEE	IS \$150.0	0	T.,	Fire a Co			AF 0	
TITLE    Delate   TITLE	Tax filing re	quirement and	• -		After MAY 1, 2	000 Fee	will be \$5	50.00	ļ		, -			
NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME	11.		OFFICERS AND I					1/-/	ADDITIO	NS/CHANG	ES TO OFF	ICERS AN	D DIRECTOR	
STREET ADDRESS CITY-ST-ZP TITLE CITY-ST-ZP TITLE CITY-ST-ZP TITLE CITY-ST-ZP	1			1	☐ Delete		1	PA	2510	RECT			Change	Addition S
TITLE   Delete   ITTLE   NAME	STREET ADDRESS					STR	EET ADDRESS	63	33/	Sw	42	TW		1
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delet					<del></del>			_M	iA	uc, E	Z.:	<u> </u>	<u> </u>	- Dadeway
CITY-ST-ZIP  TITLE    Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME					∐ Delete		1						[_] Unange	L. Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM	- 1		-	و حبره										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES					□ Dolota								☐ Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT	j				C Délete	1	_						c.a.i.go	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	1													}
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>. ,</del>			☐ Delete		<del></del>		·				☐ Change	Addition
CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   CHANGE   NAME   CHANGE   NAME   NAME   NAME   NAME   NAME   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Change   Addition   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   TITLE   NAME   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   TITLE   NAME   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   N						NA/	ME						_ ,	_
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TO Delete  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TO Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TO DELETE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP														
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this tiling 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 suppliemental report is tree 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 trusters empowered to execute this report as required by Chapter 667, 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.		<del></del>		<del></del>	☐ Delete	TIT	LE					,,, <u>,,,</u> ,	☐ Change	Addition
CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with this tiling 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 suppliemental report is tree 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 trusters empowered to execute this report as required by Chapter 667, 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.								<u> </u> 						{
NAME STREET ADDRESS CITY-ST-ZIP-, 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 of suppliemental report is tree 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 this tree empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, tilt all other like empowered.								ļ						ļ
STREET ADDRESS CITY-ST-ZIP-, 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 of supplemental report is tree 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 this tree empowered to execute this report as required by Chapter 667, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, tilt all other like empowered.	TITLE				☐ Delete	TIT	LE	<del> </del>			, Table 1		☐ Change	☐ Addition
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 is upplied 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 is upplied 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 is upplied 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 is upplied 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 is upplied 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 is upplied 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 is upplied 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 in Section 119.07(3)(i). Florida Statutes in the Information indicated in Section 119.07(3)(i). Florida Statutes in the Information indicated in Section 119.07(3)(i). Florida Statutes in the Information indicated in Section 119.07(3)(ii). Florida Statutes in the Information indicated in Section 119.07(3)(ii). Florida Statutes in the Information indicated in Section 119.07(3)(ii). Florida Statutes in the Information in Information in Information in Information in Information in Information Information in Information Information Information Information Information Information Information				•			-							
13. I hereby certify that the information supplied with this tiling 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 tree 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 trustife empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, stitl all other like empowered.		141. y ⊆ .	( <sub>16</sub> - )⊈	•										İ
SIGNATURE: 3/10 00 305-665-1740	indicated of the cor changed	certify that the in this report, on this report, por ation or the or on an attack	nformation supplied with	trade alud à	accurate and tha	t my sinn	ature shall h	have the sa	ene legal	effect as if r	nade unde	r oath; that me appears	I am an office s in Block 11 o	r or director or Block 12 if