

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90073 040 \*\*\*150.00

**DOCUMENT # S02441**

1. Entity Name  
**SANDY SILVER, INC.**

Principal Place of Business  
**2669 FOREST HILL BLVD**  
**STE 108**  
**W. PALM BCH FL 33406**

Mailing Address  
**2669 FOREST HILL BLVD**  
**STE 108**  
**W. PALM BCH FL 33406**  
**US**

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 **65-0217172**

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

**CHILDS, SUSAN**  
**756 CAMINO LKS CIR**  
**BOCA RATON FL 33486**

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, 2002 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          | <b>P</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>CHILDS, SUSAN</b>            |                                 |
| STREET ADDRESS | <b>756 CAMINO LAKES CIRCLE</b>  |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33486</b>      |                                 |
| TITLE          | <b>VP</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>LABARBERA, JOANNE</b>        |                                 |
| STREET ADDRESS | <b>4 EMERSON ROAD</b>           |                                 |
| CITY-ST-ZIP    | <b>NORTH BRUNSWICK NJ 08902</b> |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          |                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>NICHOLAS LABARBERA</b>           |  |
| STREET ADDRESS | <b>1717 NO. BAYSHORE DR - #4234</b> |  |
| CITY-ST-ZIP    | <b>MIAMI BEACH, FL. 33132</b>       |  |
| TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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            |
| 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 lists employed.

SIGNATURE: *Susan Childs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 561-641-3067  
Date Daytime Phone #

CR2E034 (9/01)