

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14196

1. Entity Name

SILVER GARDENS DEVELOPMENT, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90028 042 \*\*\*150.00

Principal Place of Business	Mailing Address
<del>40111 W OKEECHOBEE RD</del>	<del>15476 NW 77 COURT</del>
<del>HALEAH GARDENS FL 33016</del>	<del>#338</del>
<del>US</del>	<del>MIAMI LAKES FL 33016 5823</del>
	<del>US</del>

2. Principal Place of Business	3. Mailing Address
15476 NW 77 Court	1490 West 49 Place
Suite, Apt. #, etc. 338	Suite, Apt. #, etc. 445

City & State	City & State
Miami Lakes Florida	Miami Florida
Zip	Zip
33016	33012
Country	Country
USA	USA

4. FEI Number	65-0235936	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33126

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 \$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																								
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARMANDO J. GUERRA

1/25/00

305-447-1160

CR2E034 (9/99)