2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

FILED Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # \$14196** SILVER GARDENS DEVELOPMENT, INC. 02-13-2001 90030 026 ***150.00 Principal Place of Business Mailing Address 15476 NW 77 COURT 1490 WEST 49 PLACE 445 じしひかひかかは MIAMI LAKES FL 33016 MIAM! FL 33012 US 2. Principal Place of Business 3. Mailing Address 6405 NW 36 St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite # 114</u> City & State City & State 4. FEI Number 65-0235936 Applied For Miami, FL. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33166 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - MARQUEZ, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33126 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GUERRA, ARMANDO J. NAME NAME 9475 JOURNEY'S END ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES FL CITY-ST-ZIP DITE ☐ Delete TITLE Change ☐ Addition GUERRA, ALBERTO NAME NAME 241 CAPE FLORIDA DR. STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JAIME, CAMILO M. NAME NAME 15476 NW 77TH CT STE 338 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROBLES, JESUS NAME NAME 15476 NW 77TH CT STE 338 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this line 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 reports that 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 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 and the endowed 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.