

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73151

1. Entity Name

SILVER STAR INTERNATIONAL INVESTMENT CORP.

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90006 030 \*\*\*150.00

Principal Place of Business

2801 PONCE DE LEON BOULEVARD  
SUITE 850  
CORAL GABLES FL 33134  
US

Mailing Address

2801 PONCE DE LEON BOULEVARD  
SUITE 850  
CORAL GABLES FL 33134-6920  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

950 S MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33130

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0288239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIMENTA, HERCULES  
950 S. MIAMI AVE  
SUITE 850  
MIAMI FL 33130

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, CRISTIANA	
STREET ADDRESS	2801 PONCE DE LEON BOULEVARD #850	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, MARCOS A.	
STREET ADDRESS	2801 PONCE DE LEON BLVD #850	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	PIMENTA, HERCULES	
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		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERCULES PIMENTA

1/10/00 (305) 5308448

Date

Daytime Phone #

CR2E034 (9/99)