

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90060 012 \*\*\*150.00

**DOCUMENT # G34702**

1. Entity Name  
**SALZEDA, INC.**

Principal Place of Business <b>244 BISCAYNE BLVD.          MIAMI FL 33101          US</b>	Mailing Address <b>200 S. BISCAYNE BLVD.          SUITE 4750          MIAMI FL 33131          US</b>
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2. Principal Place of Business <b>244 Biscayne Blvd.</b>	3. Mailing Address <b>244 Biscayne Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>	4. FEI Number <b>59-2286355</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33132</b>	Country <b>USA</b>	Zip <b>33132</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES  
 201 S. BISCAYNE BLVD  
 STE 3000  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**Krongold, Todd & Singer, P.L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle, Suite #801**  
**Coral Gables, FL 33134**  
 City  
**Coral Gables** **FL** Zip Code  
**33134**

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.  
**KRONGOLD, TODD & SINGER, P.L.**  
 SIGNATURE *[Signature]* **SIGNOR P. SINGER MEMBER** **3/31/02**  
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CASTILLO, DEMETRIO G. % 244 BISCAYNE BLVD. MIAMI FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 employed.

SIGNATURE: *[Signature]* **03/06/02** **(205) 358-6899**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MMARS AV

CRZE034 (9/01)