

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90208 039 ***158.75

0347017 AV

DOCUMENT # L14588

1. Entity Name
UNISTATES COMMERCIAL OF FLORIDA, INC.

Principal Place of Business

Mailing Address

8601 NW 34 PL
#102 A
SUNRISE FL 33351
US

8601 NW 34 PL
#102 A
SUNRISE FL 33351
US

2. Principal Place of Business

3. Mailing Address

1696 S 22nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FLA

4. FEI Number

65-0147992

Applied For

Not Applicable

Zip

Country

Zip

Country

333020

USA

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

SALAMA, NASSER Y -
8601 NW 34 PL #102A
SUNRISE FL 33351

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 NAME STREET ADDRESS CITY-ST-ZIP	PDS SALAMA, NASSER Y 8601 NW 34 PL #102A SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SALAMA, NASSER Y 8601 NW 34 PL #102A SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALAMA, NASSER Y 8601 NW 34 PL #102A SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SALAMA, NASSER Y

Date

Daytime Phone #

3.20.02

CR2E034 (9/01)