

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State
 09-18-2001 90002 036 ***550.00

DOCUMENT # P98000020985

1. Entity Name
SALVAGE MASTERS, INC.

Principal Place of Business

**3305 NW 79TH ST
 MIAMI FL 33147**

Mailing Address

**3305 NW 79TH ST
 MIAMI FL 33147**

2. Principal Place of Business

**3400 ANW 62 ST
 Suite, Apt. #, etc.**

3. Mailing Address

**455 E 95th
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

MIAMI Florida

City & State

HALEAH Florida

4. FEI Number

65-0822647

Applied For

Not Applicable

Zip

33147

Country

US

Zip

33010

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEFABIO, JOEL
 3305 NW 79TH ST
 MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name **DAVID DELVALLE**
 Street Address (P.O. Box Number is Not Acceptable)
455 E 95th
 City **HALEAH** FL Zip Code **33010**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **9-10-2001**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PSTD** ☐ Delete
 NAME **DELVALLE, JUAN DAVID**
 STREET ADDRESS **3305 NW 79TH ST**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **V-P**
 STREET ADDRESS **SILVA DELVALLE**
 CITY-ST-ZIP **455 E 95th street**
HALEAH Florida 33010

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DATE **9-10-2001** DAYTIME PHONE # **968-8634**

CR2E034 (5/01)