2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088688

1. Entity Name

SALEH & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
~~2150~~ SUNTRUST INTERNATIONAL CENTER	~~2150~~ SUNTRUST INTERNATIONAL CENTER
1 S.E. 3RD AVENUE #1870	1 S.E. 3RD AVENUE #1870
MIAMI FL 33131	MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1870 Suntrust International Center

3. Mailing Address

Suite, Apt. #, etc.
1 SE 3rd Ave. #1870

Suite, Apt. #, etc.
1 SE 3rd Ave., #1870

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0622965**

Applied For / Not Applicable

Zip	Country	Zip	Country
33131	USA	33131	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
SALEH, ANIS 1 SE 3 AVE SUITE 1870 MIAMI FL 33131	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 P NAME SALEH, ANIS STREET ADDRESS 1 SE 3RD AVE STE 1870 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (9/01)

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 REQUIRED_   1/8/02   (305) 379-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #