

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90024 033 ***150.00

DOCUMENT # P01000036432

1. Entity Name
SALT MINE, INC.

Principal Place of Business
11420 INTERCHANGE CIRCLE NORTH
MIRAMAR FL 33025

Mailing Address
11420 INTERCHANGE CIRCLE NORTH
MIRAMAR FL 33025



2. Principal Place of Business
3741 Sunny Isles Blvd.

3. Mailing Address
3741 Sunny Isles Blvd.

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
204

DO NOT WRITE IN THIS SPACE

City & State
North Miami Beach

City & State
North Miami Beach

4. FEI Number
65-1091527

Applied For
 Not Applicable

Zip
33160

Country
US

Zip
33160

Country
US

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

6. Name and Address of Current Registered Agent

POL, EDWARD G
11420 INTERCHANGE CIRCLE NORTH
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name **POL, EDWARD G.**
 Street Address (P.O. Box Number is Not Acceptable)
3741 Sunny Isles Blvd.
204
 City **North Miami Beach** **FL** Zip Code **33160**

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

TITLE **PD** ☐ Delete
 NAME **POL, EDWARD G**
 STREET ADDRESS **11420 INTERCHANGE CIRCLE NORTH**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **POL, EDWARD G**
 STREET ADDRESS **3741 SUNNY ISLES BLVD., # 204**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

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

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

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 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

4/16/02 **305 474-8683**
 Date Daytime Phone #