

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90086 033 ****70.00

DOCUMENT # 754286

1. Entity Name

SALEM HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

172ND STREET
 MI BEACH FL 33160

251-172ND STREET
 MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190433

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~PEREZ, JOSEPH~~
~~251 172ND ST~~
~~MIAMI BCH FL 33160~~

Name **FRANCES SALUTO**

Street Address (P.O. Box Number is Not Acceptable)
251-172nd APT 125

SUNNY ISLE BEACH

City

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 **FRANCES SALUTO**

Frances Saluto

DATE

4/17/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SALUTO, FRANCES "FANNY"	
STREET ADDRESS	251 - 172ND ST. #125	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KRASNICK, ARTHOR	
STREET ADDRESS	950 NW 199 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, JOSEPH	
STREET ADDRESS	251 172ND ST #109	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPOTE, DELIA	
STREET ADDRESS	253-172 OT #203	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, LARRY	
STREET ADDRESS	251-172ST #206	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINCENT, MICHAEL	
STREET ADDRESS	251-172 APT 327	
CITY-ST-ZIP	MIAMI FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEBOJSA TOSKOVIC	
STREET ADDRESS	253-172nd # 107	
CITY-ST-ZIP	SUNNY ISLE FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GISELE MORIN	
STREET ADDRESS	251-172 ST # 321	
CITY-ST-ZIP	SUNNY ISLE FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET GUARINO	
STREET ADDRESS	650 GOLDEN BEACH FL	
CITY-ST-ZIP	33160	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Perez TREASURER

Date

Daytime Phone #

4/17/02 (305) 947-6063

CR2E037 (9/01)