

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 754286**

1. Entity Name

**SALEM HOUSE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90028 003 \*\*\*\*70.00

Principal Place of Business

Mailing Address

251-172ND STREET  
 MIAMI BEACH FL 33160

251-172ND STREET  
 MIAMI BEACH FL 33160-3437

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

FRANCES SALUTO  
 251 172ND ST.  
 MIAMI BCH. FL 33160

Name **JOSEPH PEREZ**

Street Address (P.O. Box Number is Not Acceptable)

**251-172 ST**

City **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 *Joseph Perez* **TREASURER** **4/18/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SALUTO, FRANCES "FANNY"</b>	
STREET ADDRESS	<b>251 - 172ND ST. #125</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KRASNICK, ARTHOR</b>	
STREET ADDRESS	<b>950 NW 199 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, JOSEPH</b>	
STREET ADDRESS	<b>251 172ND ST #109</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CAPOTE, DELIA</b>	
STREET ADDRESS	<b>253-172 OT #203</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNEIDER, LARRY</b>	
STREET ADDRESS	<b>251-172ST #206,</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRANK GUARINO</b>	
STREET ADDRESS	<b>650 GOLDEN BEACH DR</b>	
CITY-ST-ZIP	<b>GOLDEN BEACH FL 33160</b>	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL VINCENT</b>	
STREET ADDRESS	<b>251-172 ST APT 327</b>	
CITY-ST-ZIP	<b>SUNNY ISLE FL 33160</b>	

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: *Delia Capote* **SECRETARY** **4/13/2000 305-947-6063**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)