2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # _F 28788_

1. Entity Name

SALOMO INVESTMENTS CORP

Principal Place of Business	Mailing Address

C/O ELLIOT KAPLAN _C/O ELLIOT KAPLAN_

2. Principal Place of Business	3. Mailing Address
20801 BISCAYNE BLVD	_20801 BISCAYNE BLVD_

Suite, Apt. # etc. _503_   Suite, Apt. # etc. _503_

DO NOT WRITE IN THIS SPACE

City & State _AVENTURA FL_ City & State _AVENTURA FL_

4. FEI Number _59-2087749_

Applied For / Not Applicable

Zip _33180_ Country _DADE_ Zip _33160_ Country _DADE_

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

6. Name and Address of Current Registered Agent

MITCHELL T. MCRAE
3003 S. STATE RD 7
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

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, 2000 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 _SD_ ☐ Delete		TITLE	☐ Change ☐ Addition
NAME _GISA MENDMAN_		NAME	
STREET ADDRESS _2500 E. HALLANDALE_		STREET ADDRESS	
CITY-ST-ZIP _HALLANDALE FL 33309_		CITY-ST-ZIP	
TITLE _PD_ ☐ Delete		TITLE	☐ Change ☐ Addition
NAME _MORTEN WENDMAN_		NAME	
STREET ADDRESS _2500 E. HALLANDALE BCH BLVD_		STREET ADDRESS	
CITY-ST-ZIP _HALLANDALE FL 33309_		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
ST ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

CR2E034 (9/99)

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: _____   _3/30/00_

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