## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **F99206** 1. Entity Name SALEX PRODUCTS, INC. 05-17-2000 90917 034 \*\*\*150.00 Mailing Address Principal Place of Business 7301 NW 77 ST 7301 NW 77 ST MEDLEY FL 33166-2205 MEDLEY FL 33166 ひりまりんり HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 'City & State 59-2219985 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CISNEROS EDWIN S Street Address (P.O. Box Number is Not Acceptable) 7301 NW 77 ST MEDLEY FL 33166 Zip Code FL '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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEÉ IS,\$150.00 के: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Aller MAY 172000 Fag Will be \$550.00-Tax filling requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTC ☐ Change ☐ Delete TITLE TITI F CISNEROS, EDWIN S. NAME STREET ADDRESS STREET ADDRESS 8701 S.W. 89TH CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE CISNEROS, EMMA NAME NAME STREET ADDRESS 8701 S.W. 89TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE CISNEROS, SALVADOR NAME NAME 5500 SW 80 ST 5390 S.W.76 55. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURER ☐ Change ☐ Addition ☐ Delete TITLE TITLE CISNEROS, ALEJANDRO NAME NAME 8701 SW 89TH CRT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Eliver S. Cesneros - Edwin S. Cisneros 4/29/00 (305)888-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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