

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G92084****1. Entity Name**
SALED, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90101 049 ***150.00

Principal Place of Business% ALEX DOMINGUEZ
777 N.W. 72ND AVENUE
MIAMI FL 33126**Mailing Address**% ALEX DOMINGUEZ
777 N.W. 72ND AVENUE
MIAMI FL 33126

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2414023

Applied For

Not Applicable

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**DOMINGUEZ, ALEX
777 N.W. 72ND AVENUE
MIAMI FL 33126

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SUAREZ, SAMUEL	777 NW 72ND AVE	MIAMI FL 33126	<input type="checkbox"/>
VP	DOMINGUEZ, ALEX	777 NW 72ND AVE	MIAMI FL 33126	<input type="checkbox"/>
S	SOLIS, SARA	755 NW 72ND AVE	MIAMI FL 33126	<input type="checkbox"/>
T	SOLIS, EDUARDO	755 NW 72ND AVE	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

President

1/11/01 (305) 261-7265

Date

Daytime Phone #

CR2E034 (10/00)