

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32272

1. Entity Name

SALTRA, INC.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90032 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1200 BRICKELL AVE #1440  
MIAMI FL 33131  
US

1200 BRICKELL AVE #1440  
MIAMI FL 33131-3257  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0071824

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, CARLOS ALBERTO  
1200 BRICKELL AVE #1440  
MIAMI FL 33131

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	PT	<input type="checkbox"/> Delete
NAME	SALDARRIAGA, JUAN J.	
STREET ADDRESS	300 SEVILLA SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SALDARRIAGA, OLGA MARIA	
STREET ADDRESS	300 SEVILLA SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CASTRO, CARLOS ALBERTO	
STREET ADDRESS	1200 BRICKELL AVE #1440	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALDARRIAGA, JUANA MARIA	
STREET ADDRESS	300 SEVILLA, #301	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDARRIAGA, JUAN J.	
STREET ADDRESS	1200 Brickell Ave., #1440	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDARRIAGA, OLGA MARIA	
STREET ADDRESS	1200 Brickell Ave., #1440	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDARRIAGA, JUANA MARIA	
STREET ADDRESS	1200 Brickell Ave., #1440	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALDARRIAGA, ENRIQUE	
STREET ADDRESS	1200 Brickell Ave., #1440	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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  
Juan J. Saldarriaga, President

January 10, 2000

Date

Daytime Phone #

CR2E034 (9/99)