

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013866

1. Entity Name

SAL INVESTMENTS, LLC

FILED

2001 APR 23 PM 3:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~5205 MADISON STREET~~
~~SKOKIE IL 60077~~

~~5205 MADISON STREET~~
~~SKOKIE IL 60077~~

2. Principal Place of Business

19370 COLLINS AVE.

3. Mailing Address

19370 COLLINS AVE.

Suite, Apt. #, etc.

1409

Suite, Apt. #, etc.

1409

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, JOSHUA K

1499 WEST PALMETTO PARK ROAD, SUITE 312

BOCA RATON FL 33486

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
PARTNER
ADRIANA IZVANARIU
19370 COLLINS AVE, APT. 1409
SUNNY ISLES BEACH, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
800004101408--7
-05/01/01--01040--029
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Adriana Izvanariu ADRIANA IZVANARIU 4/17/01 (954) 288-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)