LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000007838

FILED
02 JUN 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007838

1. Entity Name
S.A.L. Enterprises, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
766 East 25 St.	766 East 25 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah FL
Zip: 33013 Country: US	Zip: 33013 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1105635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Albert Bustinza

Street Address (P.O. Box Number is Not Acceptable): 766 East 25 St.

City: Hialeah FL Zip Code: 33013

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: Albert Bustinza DATE: 6/27/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MEMBER MANAGER
NAME	ROLANDO GARCIA
STREET ADDRESS	766 East 25th Street
CITY-ST-ZIP	Hialeah, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	200006225952--6
NAME	-07/05/02--01060--024
STREET ADDRESS	*****50.00 *****50.00
CITY-ST-ZIP	
TITLE	
NAME	BK
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083B (12/01)

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: _____ 6/27/02 305-691-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #