

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90087 042 \*\*\*158.75

**DOCUMENT # L21183**

1. Entity Name  
**OMNIFOAM, INC.**

Principal Place of Business  
**11000 NW 32 AVENUE  
MIAMI FL 33167  
US**

Mailing Address  
**11000 NW 32 AVENUE  
MIAMI FL 33167  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0152027**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SALAMA, ALBERTO M  
11000 NW 32 AVENUE  
MIAMI FL 33167**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **D SALAMA, ALBERTO**  
STREET ADDRESS **401 HOLIDAY DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

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

TITLE ☐ Delete  
NAME **D SALAMA, ELIAS**  
STREET ADDRESS **3802 NE 207TH ST. UNIT T. HOUSE**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☒ Change ☐ Addition  
NAME **D SALAMA ELIAS**  
STREET ADDRESS **3804 S.W. 53rd. CT.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33312**

TITLE ☐ Delete  
NAME **D SALAMA, SAMUEL**  
STREET ADDRESS **3802 NE 207TH ST; UNIT 1702**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☒ Change ☐ Addition  
NAME **D SAMUEL SALAMA**  
STREET ADDRESS **19111 COLLINS AVENUE # 904**  
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SAMUEL SALAMA TREASURER**

08/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

**OMNIFOAM INC.**

*9-78058*

*#L21183*

August 29, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Ref: UBR 2002

Dear Sirs,

As per my conversation with one of your reps I am sending form and check in the amount of \$ 158.75. We never got the form to file the renewal of our Corporation to be sent by May 1, 2002. We have never encountered any problems and also we have filed on time as per our records.

Please take our record in consideration.

Sincerely,



Samuel Salama  
Treasurer