

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -5 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004889

1. Entity Name
SALMIT USA, LLC

Principal Place of Business
2515 MERCEDES DR.
FORT LAUDERDALE FL 33316

Mailing Address
2515 MERCEDES DR.
FORT LAUDERDALE FL 33316-2325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2260A SE 17th Street
Suite, Apt. #, etc.

3. Mailing Address
2260A SE 17th Street
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip 33316 Country

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Ft. Lauderdale, FL
Zip 33316 Country

4. FEI Number
65-0953817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN, KENNETH J
1701 W. HILLSBORO BLVD., STE 302
FORT LAUDERDALE FL 33342

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 MGR ☐ Delete
NAME GERASIMOVICH, SERGEY
STREET ADDRESS 2515 MERCEDES DR.
CITY- ST- ZIP FORT LAUDERDALE FL

TITLE MGR ☐ Delete
NAME BOURTAKOV, ALEXANDER
STREET ADDRESS 2515 MERCEDES DR.
CITY- ST- ZIP FORT LAUDERDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000003342980--4
-08/02/00--01003--012
*****50.00 *****50.00

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/24/00

Date

(954)463-7177

Daytime Phone #

CR2E083 (9/99)