

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012504 AF

DOCUMENT # L99000004889

1. Entity Name

SALMIT USA, LLC

Principal Place of Business

2260A SE 17TH STREET  
FORT LAUDERDALE FL 33316

Mailing Address

2260A SE 17TH STREET  
FORT LAUDERDALE FL 33316

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

65-0953817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, KENNETH J

1701 W. HILLSBORO BLVD., STE 302

FORT LAUDERDALE FL 33342

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

10. ADDITIONS / CHANGES

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGR SAVOSKAN, MICHAEL  
1711 NW 99th Ave  
PLANTATION, FL 33322 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
SALMIT MOSCOW  
S. M. TATARSKY  
MOSCOW, RUSSIA ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

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

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*

2/28/01 954 465 71 77

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

FILED  
01 MAR -8 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE