

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90039 046 ****50.00

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
**1802 N. University D2
 Suite, Apt. #, etc.
 203 D**

3. Mailing Address
**1802 N. University D2.
 Suite, Apt. #, etc.
 203 D**

City & State
Plantation

City & State
Plantation, FL

Zip
33322

Country
USA

Zip
33322

Country
USA

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 **Dunn, Kenneth J**
 Street Address (P.O. Box Number is Not Acceptable)
11575 Heron Bay Blvd # 309
 City **Coral Springs** **FL** Zip Code **33076**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVUSKAN, MICHAEL 1911 NW 99TH AVE. PLANTATION FL 33322 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER NICK SAFONOV 1371 NW 81 AVE Plantation FL 33322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Financial manager Olga Kuznetsova 10709 Cleary Blvd #309 Plantation, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Nick Safonov** **general manager** **3/7/02 954 478 4019**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)