## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment w

SIGNATURE:

ddress, with all other like empowered.

NTED NAME OF SIGNING OFFICER OF

## **DOCUMENT # M72963** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN SALVAGE, INC . 04-22-2000 90034 018 \*\*\*150.00 Mailing Address 27 Ave. Principal Place of Business 1001 WW 27 AVE. 5205-N.W. 27 AVE. 001 NW. 27 AVE. MIAMI FL 33147-3002 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address 7001 WW 7001 WW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0070836 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent WALDRON, T. Street Address (P.O. Box Number is Not Acceptable) 7001 NW 27 AVE. **MIAMI FL 33147** City Zip Code s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE WALDRON, TERENCE R. NAME NAME STREET ADDRESS STREET ADDRESS 107 N.E. 93 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 Change ☐ Addition TITLE TITLE ☐ Delete WALDRON, BARBARA L. NAME 981 Chose Road 1321-SW 102-AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL-33147> Delete TIŤLE TITLE CHARLTON, KATHERINE NAME NAME STREET ADDRESS 2271 CARAMBOLA RD. STREET ADDRESS W. PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if