

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001349

1. Entity Name

SALEMA CORPORATION

Principal Place of Business

Mailing Address

3610 PARK COURT
WESTON FL 33331

3610 PARK COURT
WESTON FL 33331

2. Principal Place of Business

3610 PARK COURT

3. Mailing Address

3610 PARK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON FL

City & State
WESTON FL

4. FEI Number

65-0971207

Applied For

Not Applicable

Zip
33332

Country

Zip
33332

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

RYAN, JOSEPH B. III
250 BIRD ROAD SUITE 216
CORAL GABLES, FL 33146

Name
LEOPOLDO G. RIOS
Street Address (P.O. Box Number is Not Acceptable)
1800 W. 49th STREET
SUITE 301
City
HIALEAH FL Zip Code
33012

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.

LEOPOLDO G. RIOS

(NOTE: Registered Agent signature required when reinstating)

05/15/2001

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAUBER, SANDRA TALAMO
3610 PARK COURT
WESTON, FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3610 PARK COURT
WESTON, FL 33332-2104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA TAUBER

Date

Daytime Phone #

05/15/2001 (954) 217-9861

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90375 026 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)