

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000004652**

1. Entity Name

LARGO INVESTMENT GROUP OF NORTH AMERICA, INC.**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90170 009 ***150.00

0131102

Principal Place of Business

Mailing Address

8928 N.W. 38TH DRIVE
CORAL SPRINGS FL 330658928 N.W. 38TH DRIVE
CORAL SPRINGS FL 33065

C0046992

2. Principal Place of Business

3. Mailing Address

2031 MAPLEWOOD DR.**P.O. Box 9783**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL SPRINGS FLA.**CORAL SPRINGS FLA.**

4. FEI Number

65-0982117

Applied For

Not Applicable

Zip

Country

Zip

Country

33071**USA****33075****USA**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

WIESEN, J. LESLIE
20211 N.E. 10TH PLACE
MIAMI FL 33179

Name

SAME

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

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT
STREET ADDRESS		STREET ADDRESS	TOMAS L. SALOM II
CITY-ST-ZIP		CITY-ST-ZIP	2031 MAPLEWOOD DR.
			CORAL SPRINGS FLA. 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SASHA SALOM
STREET ADDRESS		STREET ADDRESS	VICE PRESIDENT
CITY-ST-ZIP		CITY-ST-ZIP	2031 MAPLEWOOD DR.
			CORAL SPRINGS FLA. 33071
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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:

Tom Salom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/08/01 954-776-2824**
Date Daytime Phone #

CR2E034 (10/00)