

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012520

1. Entity Name

SALMARTED INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90094 016 ***150.00

Principal Place of Business

800 DIPLOMAT PKWY.
HALLANDALE FL 33009

Mailing Address

800 DIPLOMAT PKWY.
HALLANDALE FL 33009

2. Principal Place of Business

1266 SW 116 Way

3. Mailing Address

1266 SW 116 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65-0982222

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONAWITZ, MARK E
800 DIPLOMAT PKWY.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Mark E. Bonawitz

Street Address (P.O. Box Number is Not Acceptable)

1266 SW 116 Way

City

Davie

FL

Zip Code

33325

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

Mark E. Bonawitz

Signature, typed or printed name of registered agent or officer or director, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONAWITZ, MARK E	
STREET ADDRESS	800 DIPLOMAT PKWY.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAMBIS, THEODORE W	
STREET ADDRESS	801 EAST STREET	
CITY-ST-ZIP	SOUTHINGTON CT 06489	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BONAWITZ, KAREN M	
STREET ADDRESS	6651 WEDGEWOOD AVE.	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, TAMARA	
STREET ADDRESS	936 TUTTLE RD.	
CITY-ST-ZIP	MASON MI 48854	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMBIS, SUSAN	
STREET ADDRESS	19 OAK AVE.	
CITY-ST-ZIP	YALESVILLE CT 06492	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMBIS, SEAN	
STREET ADDRESS	936 TUTTLE RD.	
CITY-ST-ZIP	MASON MI 06489	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark E. Bonawitz	
STREET ADDRESS	1266 SW 116th Way	
CITY-ST-ZIP	Davie, FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth J. Bonawitz	
STREET ADDRESS	12157 Natalie Cove Rd.	
CITY-ST-ZIP	Cooper City, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rock E. Bonawitz	
STREET ADDRESS	4800 Jacqueline Lane	
CITY-ST-ZIP	Raleigh, NC 27616	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark T. Bonawitz	
STREET ADDRESS	6651 W. Wedgewood Ave.	
CITY-ST-ZIP	Davie, FL 33331	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth J. Bonawitz	
STREET ADDRESS	12157 Natalie Cove Rd.	
CITY-ST-ZIP	Cooper City, FL 33330	

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: *Karen A. Bonawitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen A. Bonawitz

Date

4/18/01

Daytime Phone #

(954) 370-3261

CR2E034 (10/00)