

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90273 003 \*\*\*150.00

1337319 AV

**DOCUMENT # P00000027795**

1. Entity Name

**SALAZAR MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

~~2325 N ORANGE BLOSSOM TRAIL~~

~~2325 N ORANGE BLOSSOM TRAIL~~

~~ORLANDO FL 32804~~

~~ORLANDO FL 32804~~

**2621 Quail Pond Way**  
**Kissimmee, FL 34743**

**2621 Quail Pond Way**  
**Kissimmee, FL 34743**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3645113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAZAR, JORGE L**

Name

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

City

**FL**

Zip Code

~~6515 A HIDDEN WALK DRIVE~~ **2621 Quail Pond Way**  
~~WINTER PARK FL 32792~~ **Kissimmee, FL 34743**

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

**Jorge Salazar (President)** *Jorge Salazar*

**04/15/02**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, JORGE L</b>	
STREET ADDRESS	<del>2325 N ORANGE BLOSSOM TRAIL</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32804</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, JESUS</b>	
STREET ADDRESS	<del>2325 N ORANGE BLOSSOM TRAIL</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32804</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2621 Quail Pond Way</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34743</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2625 Quail Pond Way</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34743</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/15/02**

Date

**407-344-3682**

Daytime Phone #

CR2E034 (9/01)