

FILED  
May 05, 2003 8:00 am  
Secretary of State

04-14-2003 90929 041 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1700000063539

1. Entity Name

La Salvatiere Inc.



**DO NOT WRITE IN THIS SPACE**

55037914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
X 6847 Stirling Road  
Suite, Apt. #, etc.

3. Mailing Address  
X SAME AS #2  
Suite, Apt. #, etc.

City & State  
DAVIE - FLORIDA  
Zip 33314 Country USA

4. FEI Number  
52-2253237  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
X TORCHIN, DAVID  
Street Address (P.O. Box Number is Not Acceptable)  
8211 West Broward, Suite 200  
City Plantation FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DAVID TORCHIN 5/1/03  
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VP						
	Perez, Gerardo	5985 Buena Vista Court	ROCA RATON - FL 33433				
	5						
	CABANETTES, CHRISTIAN	8999 S.W. 52nd St.	COOPER CITY - FL 33328				
	P						
	Salvat, Guy	13214 SW 21st.	MIRAMAR, FLORIDA				

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other fee empowered.

SIGNATURE CABANETTES, CHRISTIAN 04-11-03 (954) 587-3876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/02)