Apr 17, 2002 8:00 am Secretary of State
04-17-2002 90114 005 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P00000068579

DOCUMENT #

1. Entity Name SALMEN, INC.

Principal Place of Business

Mailing Address

627 NW 17TH FT. LAUDER(H AVE DALE FL 33311	627 NW 17TH AVE FT. LAUDERDALE FL 33311				Ta hi an a kilondaka aa hii	1 2 111	1814	(U) 1 838 10 1848 1868 (U)		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Nu	4. FEI Number 65-1023308 Applied F]	
Zip Country		Zip Country		у	5. Certific	5. Certificate of Status Desired			Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current F	l Registered Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	7. Name	and Address of I	New Register	· · · · · · · · · · · · · · · · · · ·		┨	
	يتم والكل بيداد من هم الكان الماري	والارداء والمقطع والماء		Name#= #		general comment		÷		1	
KHDOUR 627 NW	, ahmad 17th ave		Street Address (P.			ımber is Not Acce	ptable)			1	
	ERDALE FL 33311									1	
				City				FL Zip Co	ode]	
	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	od title if applicable. (NOTE FILE NOW! After May 1, 200	!! FEE IS			Election Campai	gn Financing	_ ~~	.00 May Be		
(See crite	ria on back) 🍍 🔲	Make Check Payab	le to Dep			Trust Fund Contr			ed to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E KHDOUR, AHMAD 1817 SW 4TH COURT FT LAUDERDALE FL 33312	Delete	12. TITLE NAME STREET CITY-ST	ADORESS T-ZIP	ADDITIO	NS/CHANGES TO	OFFICERS	AND DIRECTO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS				☐ Change	Addition	6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ರಾ . ೯ ೪ ಮೃ. ಭಾಷಾವರ್ ೧೯ ಕಿ. ನಿರ್ವಾಗಿ ಆ ಚಿತ್ರಗೆ	□, Delete	NAME	ADDRESS 1-ZIP	چے ہے۔	and the second second	न्द्रक स्टिक्स ट्राइट	Change	<u>Addition</u>	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 1- ZIP				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET	ADDRESS r-zip		· ·	·	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS				☐ Change	☐ Addition		

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP