

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000075860**

1. Entity Name

SALAM BROTHERS, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90033 009 ***150.00

Principal Place of Business

Mailing Address

**100 KINGS POINT DR #1609
N MIAMI BEACH FL 33161****100 KINGS POINT DR #1609
N MIAMI BEACH FL 33161**

2. Principal Place of Business

14290 West Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

14290 West Dixie Hwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI - FL 33161

City & State

N. MIAMI - FL

4. FEI Number

65-1031088

Applied For

Not Applicable

Zip

33161

Country

Zip

33161

Country

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

**AL-HUSSAMI, MAHMOUD O
100 KINGS POINT DR #1609
N MIAMI BEACH FL 33161**

Name

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

Mahmoud AL-Hussami**2/26/01**

(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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	AL-HUSSAMI, MAHMOUD O	100 KINGS POINT DR #1609	N MIAMI BEACH FL 33161	<input type="checkbox"/>	<input type="checkbox"/>
D	NATOUR, MOHAMMAD S	713 NE 8TH ST #7	HALLANDALE FL 33009	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **M. S. Natour**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MOHAMMAD S. NATOUR 02/26/01 (305) 895-3335

CR2E034 (10/00)