

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90991 018 ***150.00

DOCUMENT # P01000012650

1. Entity Name
S.L.A.M. ENTERPRISES INC.



Principal Place of Business
1015 19 STREET
#8
MIAMI BEACH FL 33139

Mailing Address
1015 19 STREET
#8
MIAMI BEACH FL 33139

2. Principal Place of Business

4740 SW 142 CT
Suite, Apt. #, etc.

3. Mailing Address

4740 SW 142 CT
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number **65-1070400**

Applied For
Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

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

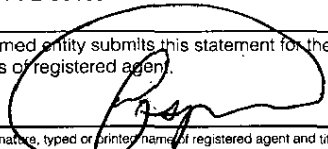
6. Name and Address of Current Registered Agent

ASPURU, ROLANDO
1015 19 STREET
#8
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Rolando Aspuru**
Street Address (P.O. Box Number is Not Acceptable)
4740 SW 142 CT
Miami FL 33175
City **Miami FL** Zip Code **33175**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

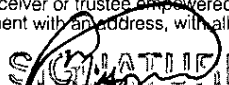
TITLE	DP	<input type="checkbox"/> Delete
NAME	ASPURU, ROLANDO	
STREET ADDRESS	1015 19 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	ASPURU, ALEJANDRO	
STREET ADDRESS	4740 SW 142 CT.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASPURU, ROLANDO	
STREET ADDRESS	1015 19 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASPURU, ALEJANDRO	
STREET ADDRESS	4740 SW 142 CT	
CITY-ST-ZIP	MIAMI BEACH FL 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASPURU, ROLANDO	
STREET ADDRESS	1015 19 STREET #8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	ASPURU, ALEJANDRO	
STREET ADDRESS	4740 SW 142 CT	
CITY-ST-ZIP	MIAMI FL 33175	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 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

4/20/03 (786) 250 3337
Date Daytime Phone #

CR2E034 (10/02)