

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90020 002 ***150.00

DOCUMENT # P01000056441

1. Entity Name
SALSAPOWER.COM, INC.

Principal Place of Business

**51 MATADOR LANE
 DAVIE FL 33324
 US**

Mailing Address

**51 MATADOR LANE
 DAVIE FL 33324
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1149761

Applied For

Not Applicable

Zip

Country

Zip

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

**CASTRO, T. JACIRA H MS.
 51 MATADOR LANE
 DAVIE FL 33324**

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **CASTRO, T. JACIRA H MS.**
 CITY-ST-ZIP **51 MATADOR LANE
 DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

T. Jacira Castro
REQUIRE TO SIGN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02

954-382-0760

CR2E034 (4/02)



all attached
Don't
PO100705644
119799

July 5, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SalsaPower.com, Inc.

Dear Sir or Madam:

Enclosed please find my completed Uniform Business Report (UBR). I did not receive anything from you back in January, and since this is the first year I have had a corporation, I was unaware that this was necessary. Please excuse the late fee this one time, as it would be financially disastrous for me as a single mother.

Enclosed please find my check #2508 in the amount of \$150.00 in payment for the original fee.

If you have any questions regarding this matter, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in cursive script, appearing to read "T. Jacira H. Castro".

T. Jacira H. Castro
President