

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90310 039 \*\*\*550.00

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**DOCUMENT # P01000082003**

1. Entity Name  
**SALVINO ENTERPRISES, INC.**



Principal Place of Business  
**101 NORTH OCEAN DRIVE  
SUITE 135  
HOLLYWOOD FL 33019**

Mailing Address  
**1104 N. 17TH COURT  
#103  
HOLLYWOOD FL 33020**



2. Principal Place of Business  
**101 NORTH OCEAN DRIVE**  
Suite, Apt. #, etc.  
**135**

3. Mailing Address  
**1104 N 17th COURT**  
Suite, Apt. #, etc.  
**# 103**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**HOLLYWOOD, FL**  
Zip  
**33019**

City & State  
**HOLLYWOOD, FL**  
Zip  
**33020**

4. FEI Number **65-1137986**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SALVINO, JOSEPH J  
1104 N. 17TH COURT  
#103  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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 *Joseph J. Salvino* **J. J. SALVINO** (P) 8/12/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **PDT** ☐ Delete  
NAME **SALVINO, JOSEPH J**  
STREET ADDRESS **1104 N. 17TH COURT #103**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VS** ☐ Delete  
NAME **SALVINO, CLAUDIA**  
STREET ADDRESS **1104 N. 17TH COURT #103**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**  
**DO NOT DELETE** (P)

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Joseph J. Salvino* **J. J. SALVINO** (P) 8/12/03 (954) 579-1407  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)