

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 019 ***150.00

DOCUMENT # P01000101491

1. Entity Name
SAMALEN CORP.



Principal Place of Business
**11428 NW 43 TERR
MIAMI FL 33178**

Mailing Address
**11428 NW 43 TERR
MIAMI FL 33178**

2. Principal Place of Business
11428 NW 43 TERR
Suite, Apt. #, etc.

3. Mailing Address
11428 NW 43 TERR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

4. FEI Number **APPLIED FOR**
01-0596421-220806

Applied For
☐ Not Applicable

Zip **33178** Country **USA**

Zip **33178** Country **USA**

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

**NUNEZ, JOSE
13940 NW 18 ST
PEMBROKE PINES FL 33028**

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

(NOTE: Registered Agent signature required when reinstating)

04-20-03

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NUNEZ, JOSE**
STREET ADDRESS **13940 NW 18 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE **D** ☐ Delete
NAME **NUNEZ, ANGELA M**
STREET ADDRESS **13940 NW 18 ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

04-20-03

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
Doc # PO1000101491
55044896

AMOUNT OF DEPOSIT (Do NOT type, please print.)		TYPE OF TAX		TAX PERIOD	
DOLLARS	CENTS				
		<input type="radio"/> 941	<input type="radio"/> 945	<input type="radio"/> 1st	Quarter
		<input type="radio"/> 930-C	<input type="radio"/> 1120	<input type="radio"/> 2nd	Quarter
		<input type="radio"/> 943	<input type="radio"/> 990-T	<input type="radio"/> 3rd	Quarter
		<input type="radio"/> 720	<input type="radio"/> 990-PF	<input type="radio"/> 4th	Quarter
		<input type="radio"/> 01-1	<input type="radio"/> 1042		
		<input type="radio"/> 940			

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN **01-0596421** 220806

SAMALEN CORPORATIONS
% JOSE NUNEZ
11428 NW 43RD TER
MIAMI FL 33178-4233

IRS USE ONLY
☐

62

19 2 Telephone number ()

Federal Tax Deposit Coupon
Form 8109 (Rev. 12-2000)

FOR BANK USE IN MICR ENCODING

VOID