FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) &

DOCUMENT # P01000/048/3 SALLY BENTY SALONO CORP

SIGNATURE:



FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90167 034 ***150.00

DO NOT WRITE IN THIS SPACE						10061317			
2. Principal Place of Business /// Opn Louin Blvo Suite, Apt. #, etc.		3. Mailing Address ///6 opp LOCKA B/VD Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	Mani Fl	City & State	iam)	FL	4	1. FEI Number 65 - 115 1175		Applied For Not Applicable	
Zip.	Country 716	Zip	Country		5	5. Certificate of Status Desired See Required			
-9/					7.	7. Name and Address of Current Registered Agent			
1				Name /					
DO NOT WRITE			* 1	- NCLSON C. Reyes					
	***	Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE				NOWH MAM; FL 531					
	and State of the Committee of the Commit			City			FL	ip Code/L &	
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									
Make Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	APPLICATION AND APPLICATION APPLICATION AND APPLICATION AND APPLICATION AND APPLICATION AND APPLICATION AND APPLICATION AND AP				Election Campaign Financin Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.									

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR