

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90125 035 ***150.00

DOCUMENT # P02000025060

1. Entity Name

SALINKCOM, CORP.



DO NOT WRITE IN THIS SPACE

30037700

2. Principal Place of Business

6595 NW 36 ST.

3. Mailing Address

6595 NW 36 ST.

Suite, Apt. #, etc.

STE. 105

Suite, Apt. #, etc.

STE. 105

City & State

MIAMI, FL

City & State

MIAMI, FL.

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

01-0644548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TANIA A. MAZZA-MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

782 NW 42 AVE. STE. 637

City

MIAMI

FL

Zip Code

33126

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FERNANDEZ, JORGE
6595 NW 36 ST. STE. 105
MIAMI, FL. 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE E. FERNANDEZS 2/25/03 305-871-0009
PRESIDENT

Date

Daytime Phone #

CR2E034B (12/02)