

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

0197130 AV

05-21-2003 90194 015 ***150.00

DOCUMENT # P02000032189

1. Entity Name
SALC BUSINESS CONSULTANT, CORPORATION



Principal Place of Business
**3090 N. COURSE DRIVE
POMPANO BEACH FL 33069**

Mailing Address
**3090 N. COURSE DRIVE
POMPANO BEACH FL 33069**



2. Principal Place of Business

3. Mailing Address

1521 SW 119 TERR 1521 SW 119 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number
03-0417807

Applied For
Not Applicable

Zip
33325 Country
BROWARD

Zip
33325 Country
BROWARD

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

**L.A.W.S. LEGAL ASSISTANCE WORLD SERVICE CO
11890 S.W. 8 STREET PH VII
MIAMI FL 33184**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOLINA, BLANCA M
3090 N. COURSE DRIVE
POMPANO BEACH FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOLINA, BLANCA M.
1521 SW 119 TERRACE
DAVIE, FL 33325** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/03

954-234-9557

CR2E034 (10/02)