

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-25-2003 90206 041 ***150.00

DOCUMENT # P02000038376

1. Entity Name
SALBER USA, INC.



Principal Place of Business
423 W. VINE ST.
KISSIMMEE FL 34741

Mailing Address
423 W. VINE ST.
KISSIMMEE FL 34741

05042933



2. Principal Place of Business

5245 W. IRLO BRONSON
Suite, Apt. #, etc. HWY

3. Mailing Address

P.O. BOX # 2166
Suite, Apt. #, etc. HWY

☐ CHECK HERE IF MAKING CHANGES

City & State

KISSIMMEE, FL.

City & State

WINDERMERE, FL.

4. FEI Number

01-0641170

Applied For

Not Applicable

Zip

Country

34746

Zip

Country

34786

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

SIDDIQUI, BABER
423 W. VINE ST.
KISSIMMEE FL 34741

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 ☐ Delete
NAME **SIDDIQUI, BABER**
STREET ADDRESS **423 W. VINE ST.**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

04/12/03 407-397-2888

Date

Daytime Phone #

CR2E034 (10/02)

Baber Siddiqui