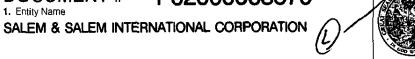
FILED Aug 18, 2003 8:00 am Secretary of State

08-18-2003 90176 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOC	JMENT #	P020
	,	I VEV

00068370



<u> </u>			4) <u> </u>							
Principal Place of Business 893 WANDINA DR. WESTON FL 33327			Mailing Address 893 WANDINA DR. WESTON FL 33327			(8)1861 (2) 8 8318 (385) 8 83	eli an iel an ell a niel	83181 3848 8 1111 6	MARIL MAIL (BA)		
]]					
2. Principal Place of Business		3	3. Mailing Address			1.00(100) 111 201(2 110) 201(1 00)					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State		4. FEI Nun	mber 56 - 22	82517		oplied For ot Applicable		
Zip	Count	ry	Zip	Country		5. Certifica	ate of Status Desire		\$8.75 Add	ditional	
<u>-</u>	6. Name and Add	ress of Current Reg	istered Agent	1		7. Name a	and Address of Ne	w Registered			
					Name						
SALEM, I					Street Address (I	(P.O. Box Number is Not Acceptable)					
893 WAN		686		}	 			 			
WESTUN	FL 33327	-				· <u>-</u>	<u> </u>				
	•	*			City			FL	Zip Cod	le 	
the obligat	ions of registered age		purpose of changing its	registered o	office or register	ed agent, or l	both, in the State o	f Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed na	ame of registered agent and tit	le if applicable. (NOT	E: Registered Ag	ent signature required	when reinstating)		DATE			
After Se	ILE NOW!!! FEE I ptember 10, 2003 F c Payable to Florida	ee will be \$750.00	ate	_		I .	Election Campaigr Trust Fund Contrib	_		00 May Be d to Fees	
10.		OFFICERS AND DIR	ECTORS_	11.		ADDITION	S/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, ISAAC 893 WANDINA DR WESTON FL 3332		☐ Delete	TITLE NAME STREET AI CITY-ST-					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEM, ANGEL E 893 WANDINA DR WESTON FL 3332	ì .	☐ Delete	TITLE NAME STREET AI CITY-ST-	1				□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET AI CITY-ST-	ı				Chánge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AL CITY-ST-	l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET AL CITY-ST-			****		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET AL	DDRESS				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 an other like empowered.

SIGNATURE:

Daytime Phone #

attachment
90151575
P0200048370
July 23, 2003

State of Florida **Division of Corporations**

RE: Salem & Salem International P02000068370 - UBR 2003 --

Sirs:

Attached check in the amount of \$150.00. Respectfully we request the waiver of penalty because we have not received the first notice.

Cordially,

gave falen. Director